MARCH 13 1999

CHEMIST & DRUGGIST

THE NEWSWEEKLY FOR PHARMACY

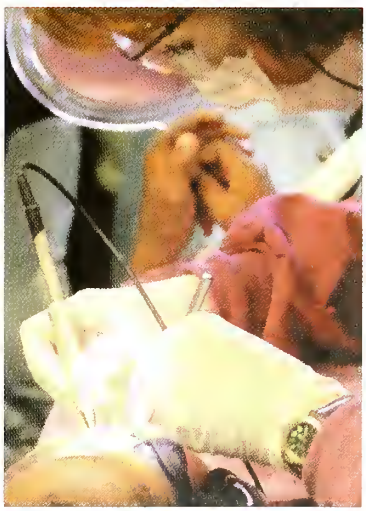
Final Crown Report is well received

Discount clawback protests fail at LPC Conference

Pharmacy 'starved' of funding says PSNC

NOF opens the bidding for healthy living centres

Euro currency switch to cost Boots £40m



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Prescribing Information

E45 Emollient Wash cream
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Uses
For washing of dry, itchy skin conditions such as eczema, dermatitis ichthyosis and psoriasis.

Dosage and Administration
Adults and children: Use as required.

Contra-indications, Warnings etc
E45 Emollient Wash cream should not be used by patients who are sensitive to any of the ingredients. Patients should take care not to slip when using before bathing and showering.

Package Quantities 250ml pump pack.

Basic NHS cost 250ml £2.75.

Status ACB5 listed.

Manufacturer Crookes Healthcare Ltd, Nottingham NG2 3AA.

Date of Preparation
October 1998.

E45 Cream
White, smooth emollient cream which contains White Soft Paraffin BP 14.5% w/w, Light Liquid Paraffin Ph Eur 12.6% w/w, and Hypoallergenic Anhydrous Lanolin 1.0% w/w.

Uses
For the symptomatic relief of dry skin conditions where the use of an emollient is indicated, such as flaking, chapped skin, ichthyosis, traumatic dermatitis, sunburn, the dry stage of eczema and certain dry cases of psoriasis.

Dosage and Administration
Adults and children: Apply to the affected part two or three times daily.

Contra-indications, Warnings etc
E45 Cream should not be used by patients who are sensitive to any of the ingredients.

Package Quantities
Tubes containing 50g.
Tubs containing 125g and also 500g.

Basic NHS Cost
50g £1.18, 125g £2.39, 500g £5.61.

Legal Category GSL.

Product Licence Number
PL0327R/5904.

Product Licence Holder
Crookes Healthcare Ltd, Nottingham NG2 3AA.

Date of preparation
October 1998.

E45 Emollient Bath oil
Further information is available on request from Crookes Healthcare Ltd, Nottingham NG2 3AA.

Legal Category ACB5 listed.

Date of preparation
October 1998.

References.
1. Berth Jones J, Graham Brown RAC. *J Dermatol Treat* 1992; 3: 9-11. 2. Blaszczyk-Kostanecka M, Prystupa K, Shaukat N. Poster presented at EADV, Nice, 1998. 3. Cork MJ. *J Dermatol Treat* 1997; 8: S7-513.

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COMMENT

It is sometimes hard for some observers to understand why pharmacy contractors get so wound up about the discount clawback, but PSNC chairman Wally Dove used simple figures to make the point at Monday's LPC conference. Currently 1 per cent of the global sum paid to pharmacy contractors amounts to £7.3 million: 1 per cent added to the discount clawback is worth £43.2m. The fact is that the tail is wagging the dog, and the clawback, in straight financial terms, is more important than the global sum. Hardly surprising, then, that it is not a subject on which PSNC is keen to bare its soul. Part of the debate at this year's LPC conference was *in camera*, and Mr Dove's opening remarks effectively damped down contractors' obvious frustrations with the Department of Health's willingness to take with one hand, but refusal to provide with the other. But nothing can disguise that for the last two years contractor pharmacists have received the lowest remuneration of all those working in the NHS.

Better news, though, from the Crown Report, which has widely been interpreted as opening the way to limited pharmacist prescribing. The idea of 'dependent prescribers' has been discretely touted for some time. Combined with the recommendations on 'group protocols' put forward in the first Crown Report published last April, there would seem to be considerable scope for pharmacists to take on limited prescribing roles in areas where they can offer definite expertise, such as with repeat medication, and within specialist clinics for asthmatics or diabetics, for example. Mr Dobson had some encouraging words to say on the subject (p6), but then that is his style. Still, hope springs eternal, and maybe future prospects will become clearer when his long overdue pharmacy strategy sees the light of day. Perhaps it was waiting for Dr Crown's blessing?

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Long awaited report by Dr June Crown (right) outlines 'dependant prescriber' role

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Gordon Brown has cut small firms' company tax by one percentage point to 20 per cent

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Third set of CRAG pharmacy practice guidelines look at primary care

The Clinical Resource and Audit Group is to publish the third set of national pharmacy practice guidelines on Tuesday.

Following on from the guidelines 'Counselling and advice' and 'Clinical pharmacy in the hospital pharmaceutical service', this set will outline ways of developing NHS pharmaceutical services for patients in the next century.

The guidelines are intended for all pharmacists in primary care and feature three key areas, based on best practice. These are:

- a documented systematic approach to individual patient care
- the community pharmacist as custodian of disease prevention and drug safety
- caring for patient populations.

All pharmacists resident in Scotland are invited to a presentation and debate on March 16 at the RPSGB's Scottish Department headquarters at 36 York Place, Edinburgh. The meeting will commence at 7.45pm and will include a presentation by Professor John Cromarty, of the Robert Gordon University.

Antibiotics are becoming an 'endangered species'

A Grampian campaign in the Grampian area is warning the public that that inappropriate use of antibiotics will turn them into an 'endangered species' needing protection.

Launched last week, the campaign encourages people to seek advice on self-treatment from their local pharmacists, or to call a Health Promotion free healthline on 0500 202030 for more information on relieving colds and flu.

The public awareness campaign features the slogans: 'Antibiotics don't help against colds, flu or other viruses - but your local pharmacists can', and 'Hunting for antibiotics when you don't need them could make them an endangered species'.

Speaking at the launch, Grampian's chief administrative pharmaceutical officer, Dr Christine Bond, said: "Communicating with the public in this way is the first phase of an action plan which will also include providing guidance and support for GPs."

Crown proposes prescribing roles for pharmacists

New prescribing roles for pharmacists are proposed in the final and long-awaited report of the Crown Review team. The report has generally been welcomed by pharmacy organisations.

If its recommendations are implemented, patients with long-term conditions could visit their pharmacist for repeat supplies of medicines, returning to the doctor only when they needed a full review of their condition. Pharmacists would be able to monitor and adjust treatment as necessary.

The report, on which comments are invited by June 7, recommends two new categories of prescribers:

- Independent prescribers - professionals responsible for the patient's initial assessment and for devising the broad treatment plan, with authority to prescribe the relevant medicines.
- Dependent prescribers - professionals authorised to prescribe certain medicines for patients who have been diagnosed or assessed by an independent prescriber, within an agreed treatment plan. Dependent prescribing would differ from repeat prescribing in that some aspect of the prescription could be changed, such as dose or active ingredient group.

Pharmacists would come under the second category. Possible early candidates are pharmacists in specialist areas, such as oncology, asthma or diabetes clinics, together with community pharmacists carrying out reviews of patients on multiple therapy.

The latter could be given limited discretion to vary treatment on their own initiative, within limits agreed with the independent prescriber. Clear arrangements would have to be developed, including mechanisms to inform GPs about changes and give patients clear advice and written information.

Independent prescribers would continue to be mostly doctors and dentists. Both categories of prescriber should have access to a complete medication record and the dependent prescriber should have access to a summary of the patient's medical record.

New categories of independent prescriber could include family planning nurses, tissue viability nurses and podiatrists who undertake foot surgery. Specialist physiotherapists might be able to prescribe from a small range of medicines, including analgesics and NSAIDs, while optometrists might prescribe for emergency and non-sight-threatening eye conditions.

Newly authorised prescribers would not normally be allowed to prescribe Controlled Drugs, unlicensed drugs or those used outside their licensed indications. Newly introduced 'black triangle' drugs, medicines over which there is professional concern (such as those used to treat children and young people with mental health problems), and drugs such as antibiotics would also be subject to particular safeguards.

Dr June Crown

Repeatable prescriptions would be available on the NHS, with limits to their validity duration and the amount to be dispensed.

Prescribing should remain separate from the initial supply of medicine, to protect patients' safety and prevent fraud, the review team concluded. There could, however, be cases where this traditional separation might not be in the patient's best interest, as in doctor dispensing in rural areas, or when pharmacists give advice on and supply non-prescription medicines.

Where the same professional prescribes and supplies medicines, this should be subject to clinical audit and probity checks. The team expects that pharmacists will continue to supply most medicines.

Professional bodies would put forward proposals for new groups to have authority to prescribe certain medicines, and should ensure that all the necessary training aspects are covered.

A new Prescribers' Advisory Committee would assess these applications. Prescribers must have appropriate post-qualification training and undertake continuing education relevant to their prescribing role. Primary legislation would be needed to implement the key recommendations.

A positive reaction ...

Pharmacy organisations have welcomed the report's recommendations. Ann Lewis, secretary, Royal Pharmaceutical Society, said: "The review provides a solid framework that will allow pharmacists to extend their prescribing role and make a greater contribution to patient care.

"The Society looks forward to working with the new UK-wide advisory body that will assess submissions from professional organisations seeking powers for suitably trained members to become independent or dependent prescribers.

"It is not a case of our starting from scratch; the review underpins discussions already taking place with the health secretary on the future of community pharmacy."

National Pharmaceutical Association director John D'Arcy broadly welcomed the report, which was much in line with the NPA's thinking.

He was pleased to see the long overdue extension of prescribing to pharmacists and that they would continue to be key suppliers of medicines. The 'dependent' prescribing role dovetailed with the work the NPA was doing on repeat prescribing and medicines management.

The Guild of Healthcare Pharmacists welcomed the new opportunities and was looking forward to working with the Society on developing appropriate prescriber proposals. "The immediate way forward will be to assess the skills and knowledge of clinical practitioners before they take on prescribing responsibilities."

Dr Terry Maguire, president, Pharmaceutical Society of Northern Ireland, told *C&D* his initial reaction was "extremely positive. I see terrific opportunities for pharmacy in the report".

It catered for many of PSNI's Vision 2020 objectives and provided an infrastructure with which the profession could lobby governments.

Hemant Patel, RPSGB president, commented: "Frank Dobson has sent out a clear message that he wants pharmacy to be a prescribing profession and that we are in a pole position in his plans to extend the direct access of the public to healthcare.

"Although this announcement is one we have anticipated, the health secretary's words go further in spelling out the pivotal role we have to play in primary healthcare. ."

- Comments on 'Review of prescribing, supply and administration of medicines: Final report' to Paul Robinson, NHSE, Room 6/E/58, Quarry House, Quarry Hill, Leeds LS2 7UE.

Agreement reached on self-regulation aspects of Health Bill

The Royal Pharmaceutical Society has welcomed the Government's acceptance of Health Bill amendments concerning the self-regulation of the health professions.

The main purpose of the amendments was to ensure that the order-making power under the Bill, which could modify regulation of the health professions, is properly limited.

As such, the core functions of the health professions' regulatory bodies will not be able to be transferred to any other body without primary legislation. In addition, each regulatory body will now retain the right to determine individual cases.

Speaking in the House of Lords debate on the Health Bill last week, health minister Baroness Hayman said the Government sees the four functions key to self-regulation as:

- the keeping of the register
- the setting of standards of education for entry into the profession
- the provision of guidance on standards of professional conduct
- fitness to practise procedures.

The first draft of the Bill could have allowed any of these functions to transfer between bodies by order (secondary legislation), but Lady Hayman promised to bring forward an amendment in the Report Stage making sure that the scope of the Bill is not extended that far.

The General Dental Council has indicated it wants to double its lay membership to 12, and the RPSGB is wanting to alter the composition of its Statutory Committee.

NHS spending outlined in budget

The Government is anticipating spending just over £40 billion on health, following chancellor Gordon Brown's budget speech this week.

An "extra" £21bn will be made available for the NHS, principally for investment in the hospital building programme. Modern technology will receive £1bn, and money will also be spent on recruiting 7,000 new doctors and 15,000 more nurses, as well as giving "a fair pay award for nurses".

Mr Brown also said that the health secretary will announce proposals to extend NHS Direct to all parts of the country by the end of next year. In addition, a network of health and 'drop-in centres' where people can get immediate advice is to be established.

Lloyds CHAT centre supports smoking cessation

A West Midlands Lloyds Pharmacy is offering six-week smoking cessation courses for customers wishing to quit.

Based in the Netherton, Dudley, pharmacy's CHAT centre (community and local healthcare, social and welfare advice), two Lloyds pharmacy managers will convene weekly hour-long 'peer support group' meetings.

Likened to Alcoholics Anonymous, quitters will being given advice and support and also be able to talk about their cravings and other problems they face while giving up smoking.

The free courses will run for six weeks and will be repeated while there is public demand. Dudley NHS Priority Trust has provided full support for the project including training for the pharmacists, locum support cover and also NRT patches for attendees. Once evaluated, Lloyds Pharmacy will then approach the Trust for funding to continue the courses.

Besides being advertised in the CHAT centre, publicity has been given to the scheme through the local press, surgeries and the local library.

Last month, the CHAT centre also offered 'smokalizer' lung function tests over a couple of days with the intention of recruiting smokers for the scheme. So far, five people have signed up for the first course, but 30 expressed an interest at the open days.

Wendy Taylor, regional sales manager for Clement Clark (left) and Margaret Fellows from Lloyds Pharmacy

IN BRIEF

Scottish monthly statistics

There were 4,589,339 scripts dispensed in Scotland in November, 1998, 4,580,481 by chemist contractors, at a total cost of £46,176,935. For chemist contractors, the ingredient cost per script was £9.0331, dispensing fees were £0.9499 with a professional allowance of £0.3569 and on-cost of £0.0017. The gross total per script was £10.4711 (£9.9301 net).

RPM announcement this week

The decision on whether the RPM issue will be referred to a full court hearing was expected to be announced on Thursday.

Category D additions

The following have been added to Category D of the Drug Tariff for March: fenbufen caps 300mg, 84s; frusemide tabs 500mg, 100s; ichthamol oint 500g; prednisolone Tabs 5mg, 28s.

PSNC sets out its wish list

The Pharmaceutical Services Negotiating Committee is seeking a significant increase in the global sum for 1999-2000, together with funding for pilot trials of medicine management services.

In submitting its latest pay claim, PSNC has told the Department of Health 'in no uncertain terms' that many pharmacists are seriously concerned about the future, chairman Wally Dove told the Local Pharmaceutical Committee Conference on Monday.

PSNC has made it clear that the financial position of contractors is very poor, he said: "The existing service is being starved of adequate funding despite increasing levels of work. Costs are rising sharply, fuelled by salaries and locum costs and the arrival of the minimum wage."

PSNC has used comparisons with other major health professionals to build up a strong case for a significant increase in the global sum to achieve proper funding for the existing service. The negotiators are keen to see pharmacy prescribing introduced, as well as additional funding for medicine management pilots.

Another proposal is for a one-month maximum treatment period, backed by evidence of potential cost savings to the NHS.

"We've also renewed our case for including pharmacists in the NHS information technology net and we've proposed that the substantial budget of the NHS Modernisation Fund is used for this purpose," he said.

PSNC hopes discussions with the Department will start soon.

Mr Dove went on to say that remuneration was a major cause of the shortage of community pharmacists, but the Department had refuses to accept there is a manpower problem.

PSNC is working with the National Pharmaceutical Association, the Company Chemists' Association and the Royal Pharmaceutical Society to gather irrefutable evidence. He hoped to make use of the first findings in discussions with the Department over the coming financial year.

Earlier Mr Dove assured his audience that payments for homes and rota services, which are being removed from the global sum and devolved to health authorities, would be ring-fenced for pharmacy contractors in 1999-2000.

"In subsequent years, however, it will become part of general health authority funding and LPCs will have to work hard both to retain it for local contractors and to maximise the amount involved," he warned.

One-stop health shops

The health minister, John Denham, has agreed to consult PSNC before any steps are taken to enable primary care trusts to set up 'one-stop' health centres.

Mr Dove said a meeting with the minister last week was successful in that PSNC got him to focus on the implications for community pharmacy: "He now recognises the concerns we have."

The House of Commons will soon begin debating the Bill so PSNC will be alerting MPs to pharmacists' concerns and tabling amendments if necessary.

The problem of pharmacists having to attend PCG meetings at their own expense would be raised with the Department during discussions on this year's remuneration.

Rural dispensing

PSNC hopes soon to reach a "historic agreement" with the medical profession on rural dispensing. The committee had a "very constructive" meeting with the General Practice Committee, the Dispensing Doctors' Association and the Department of Health last week, a meeting which Mr Dove said would have been inconceivable two years ago.

The professions had made it clear to the Department that they were totally united in wanting to resolve the rural dispensing issue.

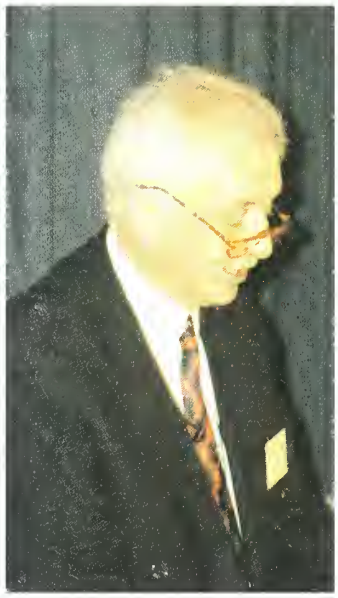
Mr Dove had hoped give a full report to the LPC conference. "But matters are delicately poised at the moment and I intend to do nothing to jeopardise the outcome we all want."

All he could say was that the professions had developed detailed proposals which, if implemented, would go a long way to removing tensions between many GPs and pharmacists in rural areas. They would ensure that pharmacies in towns and cities no longer suffered the threat of doctor dispensing.

Time to end a decade of neglect, says Dove

PSNC chairman Wally Dove called for the end of a "decade of underfunding and neglect" of community pharmacy services, in front of over 700 guests at the Committee's annual dinner.

Community pharmacists should be looking to the future positively, but they are worried, he said, because for the past two years they have received the lowest remuneration increase of all those working in the NHS.



PSNC chairman Wally Dove

"It is difficult to think positively about the future when it is becoming an ever greater struggle to meet staff costs, and when for a long time you have had the distinct impression that you've been undervalued."

Mr Dove welcomed the Government's moves to address the serious problems in nursing, and the fresh approach to NHS pay. "I hope you will adopt a similarly enlightened approach with community pharmacists," he told health secretary Frank Dobson.

Community pharmacists want to move on and expand the range of services they provide to the public. But that does not mean leaving behind the core elements that make the service so highly valued by those who use it.

The national network of community pharmacies is perhaps taken for granted, said Mr Dove, but it is a vitally important component of healthcare.

"If external pressures ever cause it to be weakened or to disappear, we would all soon realise just how much it is relied upon," he warned.

Pharmacists want to build on that national network to ensure everyone – patients, GPs and other key NHS players – have access to pharmacy services and expertise.

The public like the accessibility of the pharmacy, said Mr Dove. "Let's capitalise on that. Let's put the pharmacy at the forefront of health promotion and advice.

"We want to build on the highly efficient NHS dispensing service by playing a greater role in managing patients' medication.

"We want to do more to make the local pharmacy the first port of call for anyone with a common ailment."

Many GP surgeries were overwhelmed during the recent flu outbreak. But it will happen again unless the public is educated and encouraged to see their pharmacist first, he said.

If community pharmacy is really to be the first port of call, pharmacists need to be given more responsibility. While no-one is suggesting that they should take over from GPs, there is widespread recognition of the benefits of pharmacy prescribing.

"Obviously it will require the right degree of funding if it is to work, but that would be outweighed by the savings it could bring for the NHS," said Mr Dove.

He said he hoped the Department of Health's pharmacy strategy document would soon be published, "so that we can see how you want to take these important matters forward".

Dobson offers yet more olive branches, but still no olives ...

The health secretary Frank Dobson

The health secretary has suggested that, following the publication of the Crown Report this week (see p6), there may be a prescribing role for pharmacists.

"I do support extended prescribing by other groups," he told those at the PSNC dinner on Monday night. "Provided satisfactory safeguards are in place and we can keep the other professions on board, it makes common sense to give you a role for prescribing."

While not giving any indication of how close he is to unveiling his 'strategy for community pharmacy' (promised last autumn), Mr Dobson said he was "sick to death of consulting, and wanted to get on with things".

The development of IT links between pharmacists and GPs – pilots are due to start at the end of this year – will help cut down on prescription fraud, he said. A publicity campaign to draw attention to the latest anti-fraud measures begins on March 15, coincidentally Mr Dobson's birthday.

"I do want an extended role for pharmacists," he continued. "I have said it once and will say it again. We do not make proper use of the skills you have acquired."

New guides from PSNC

The Pharmaceutical Services Negotiating Committee has published a new guide for local pharmaceutical committees, 'Working in the new NHS'.

The guide explains the structure, functions and budgeting of primary care groups, together with clinical priorities and strategies in the NHS. A section on implications for community pharmacy gives an action plan describing how contractors can take advantage of new opportunities.

PSNC will also be launching a concise booklet for LPCs and pharmacists generally, setting out what is involved in medicine management, how it will work and the benefits it will bring. It is designed for use in discussions with health authorities and PCGs.

Medicine management pilots by end of year

Pilot schemes looking at medicine management in coronary heart disease and thoracic diseases should be in place by the end of the year in up to 50 pharmacies.

PSNC is finalising guidelines for the two therapeutic areas, and is considering a third area which will test the effectiveness and costs/savings proposed by PSNC's medicine management strategy issued last year.

The Government has been looking "very positively" on the strategy and is to appoint two Department of Health officials to join PSNC's working group on medicine management, chaired by Alan Tweedie.

However, Mr Tweedie has said that these pilots are being rolled out in this way to see clearly what progress is being made as a safeguard for both the DoH and PSNC.

Further support has been seen in discussions with doctors at a grass roots level, which have indicated that there is an acceptance that pharmacists will be giving a valuable new service by providing medicine management.

PSNC is to employ health economists to calculate the cost of supplying such a service, comparing it to the costs of not providing it.

However, PSNC estimates that between £1 million and £2 million will be required to conduct the pilots, based on "sensible" funding for remunerating such a service, as well as providing training to brush up pharmacists' skills in this area.

Prompted by Dr Hopkin Maddock, Mr Tweedie agreed that the aim is for pharmacists to be accepted as clinicians in this area. But added: "We have to start somewhere and medicines management is the thin end of the wedge".

As for questions such as quality control, audit and clinical excellence, PSNC has already spoken to the director of the National Institute of Clinical Excellence, Professor Sir Michael Rawlins, who is very interested in taking this initiative forward.

Alan Tweedie, chairman of PSNC's working group on medicines management

Clawback revolt deflected

Only two of the eight motions calling for changes in the discount clawback were carried at the LPC conference this week.

One was that information technology should be used to make sure no contractors were penalised by having to suffer clawbacks on drugs they had never dispensed, as was the case this year with ranitidine.

The other motion carried was that any recovery of overpayments or reimbursement of underpayments worth more than £5 million should be calculated to reflect each contractor's activity during the period in question.

Motions lost included one calling for individualised clawbacks to reflect the discounts each contractor had obtained, and another proposing that contractors should refuse to take part in future discount inquiries.

Before the debate, PSNC's chairman, Wally Dove, stressed that the clawback issue was "extremely sensitive".

"I don't like the situation any more than you do," he said. "It hits my pharmacies in the same way that it hits yours. But sometimes speaking one's mind can make matters worse. It certainly runs the risk of giving the Department more of the ammunition that they are already attacking us with in the run-up to the next discount inquiry."

He reminded contractors that the system is designed to reimburse them for the actual cost of drugs bought on behalf of the NHS. The DoH believes contractors should not profit from this reimbursement and that any discount gained belongs to the taxpayer.

The reimbursement and clawback system has always been far more important in financial terms than the global sum. Currently 1 per cent of the global sum is £7.3 million, but 1 per cent added to the discount clawback is worth £43.2m to contractors.

The clawback has increased markedly in the past two years because the Department has changed the way information is collected on the discounts available.

PSNC has to have good reasons for objecting to proposed changes to the methodology or to the inquiry's results, said Mr Dove. But there is no question of PSNC 'agreeing' the clawback. If the methodology is valid and there are no obvious errors in the figures, the results have to stand.

Sefton LPC had proposed that future clawbacks should reflect accurately the discounts obtained by each contractor. But Mr Dove urged contractors to "stop and think whether it is something we would actually want".

Sheffield LPC had proposed that contractors should refuse to participate in discount inquiries until the DoH agreed a realistic level of remuneration. But Mr Dove said it would be unlawful for PSNC to tell contractors not to participate, and the action would leave contractors worse off.

It would, however, be possible to replace the present arrangements with a system of incentives built into remuneration, to ensure that contractors were rewarded for purchasing medicines at the best possible price.

Mr Dove thought one change that could be worthwhile was the resolution, later carried by the meeting, to base each contractor's clawback liability on the volume of medicines they dispensed over the period concerned.

That would mean the recent clawback would have been based on the two years to November 30, 1998. Discount recovery would be based on the contractor's liability at the end of that period, and not on future prescription volume which could increase or decrease.

"We are attracted to this concept and are looking at the practical implications," he said. "We are constantly trying to find ways to improve the way discounts are dealt with, but we are acutely aware that if we are to propose changes we need to be confident they will benefit contractors, not leave them worse off."

It was crucial that concern over the discount clawback did not give rise to disunity and friction within the profession, he said.

During the debate on discounts, several speakers objected to the inequity of basing part of the clawback on ranitidine which many contractors had not dispensed. It was unfair to base the clawback on external factors, such as GPs' prescribing habits, over which pharmacists had no control.

Bob Gartside (North Wales) put the case for protecting small rural pharmacies who had never seen a ranitidine prescription because their doctors always prescribed Zantac. The technology was available to identify such pharmacies, he said.

Proposing that contractors refuse to participate in discount inquiries until the Department provided realistic funding, Peter Magirr (Sheffield) said pharmacists maintained the current level of service only by shoring up totally inadequate global sums by discount buying. He likened the Department to the "playground bully" who said "give me your dinner money – or else I'll take your bus money too."

North Yorks proposed that PSNC examine new models for an NHS contract and circulate them to LPCs for comment. Phillip Quinlan said the current contract encouraged prescription factories. It was obvious the government did not intend to give contractors more money for current roles, so they had to look for ways of adding value.

Sheffield's Peter Magirr: Pharmacists should refuse to take part in discount inquiries

Any system would have winners and losers, but this year there had been too many losers. It was time for PSNC to let LPCs know what alternative models it had been debating and get some feedback on contractors' views. The motion was carried, with no speakers against.

PSNC statement on clawback

PSNC issued this statement after the Conference at which motions relating to the discount clawback were effectively discussed *in camera*:

"The PSNC's view is that contractors are entirely right to feel angry over this matter. The government's refusal to invest in pharmacy via the global sum leaves them extremely worried about the future.

"We did a great deal to modify the extent of the new clawback, but it could sweep away contractors' ability to maintain and invest in services. Inevitably, it is patients who will suffer when that happens. The Government's lack of concern is simply irresponsible.

"We will be telling ministers and officials in no uncertain terms that this is no way to encourage the development of community pharmacy, and we are looking for a change in their attitude. They are in no doubt about our views.

"We will be using the views expressed at conference to strengthen our negotiating position in the weeks ahead. We will also be developing some of the proposals put forward by LPCs to remove the blatantly unfair elements of the clawback process."

PPA behaviour called into question

A number of motions reflecting concerns over the Prescription Pricing Authority's behaviour over pricing prescriptions were all carried at Monday's LPC Conference.

Delegates agreed that PSNC should work to rectify the PPA's policy on transferring prescriptions from the exempt to the paid bundle, if no declaration has been made by the patient.

Proposing Berkshire LPC's motion that PSNC challenges the "unjust practice of the PPA withholding contractors' moneys when an incomplete patient declaration has been made", Gary Jones said it could result in considerable financial loss.

Nottinghamshire and West Pennine LPCs proposed similar motions, while Liverpool LPC's secretary, Jeremy Clitherow, claimed that the PPA was actually levying a penalty on the contractor for the errors of their patients.

"Make no mistake. This money comes straight off your bottom line, not your turnover," he told delegates. "For the DoH to interpret and manipulate the situation to its own financial advantages is bordering on the dishonest."

West Surrey LPC is keen that PSNC seeks legal advice as to whether the PPA's actions in withholding money has any legal basis. The PPA says that if a patient does not make a declaration, there is a presumption that a charge must be payable. "Why is that presumption to be made," asked Rob Darracott. He also accused the PPA of not being able to make its mind up over policy: it now seems to be at the supervisory staff's discretion whether a pharmacist is informed if any switch between bundles is made.

Turning to pricing issues, a motion calling for PSNC to start talks on reimbursement for the cost of providing monitored dosage systems was carried, once it had been amended to include the words "with new money".

By providing MDS, other costs are being spared, said Leeds LPC's Janet Ward. These include reducing the workload on the Social Services as well as helping keep patients in their own homes.

Currently in Leeds, 1.3 per cent of the population over 65 is on MDS. However, the LPC believes the situation could escalate, and with it the bill for providing the service.

A motion from St Helen's & Knowsley, proposed by Paul Clark and calling for that part of the LPC levy paid to PSNC to be withheld, was lost.

He said the LPC had little confidence in PSNC's ability to fund the development of roles within PCGs. Contractors had never been so frustrated, with some withdrawing from the voluntary levy, and others only prepared to pay the LPC contribution, he said.

He proposed that the PSNC levy be reduced and the money retained to help drive negotiations locally.

HOSPITAL RECORD

Partnership in the NHS – hope springs eternal ...

Over the past year, a lot has been said about partnership in the NHS in Scotland. Originally mooted as part of the White Paper 'Designed to Care', there have already been some notable demonstrations of partnership.

The Scottish Office Human Resources Strategy was one of the first. A series of workshops in Scotland at the end of 1996 discussed what should be included. The attendees ranged from Trust chairmen and chief executives to trade union representatives.

Early in 1997, more workshops were held. This time the topic was a draft document from the Scottish Office. After the incorporation of amendments, the Human Resources Strategy was launched in Spring 1997.

Partnership seems, on the surface, an excellent, straightforward idea. It is only when you investigate that you begin to see the ramifications. It means involving employees in the decision making process at the earliest stage.

"Partnership means involving employees in the decision making process at the earliest stage"

Instead of management saying: "This is the problem. This is what we have decided to do," and then wrangling, management and staff should meet early, saying: "We think we have a problem, let's discuss it and decide what to do."

Some older union activists are suspicious of the whole process and wary about getting into the 'management territory' of decision making. Some older managers are dismissive, and think if they wait long enough the idea will go away like so many previous 'fads'.

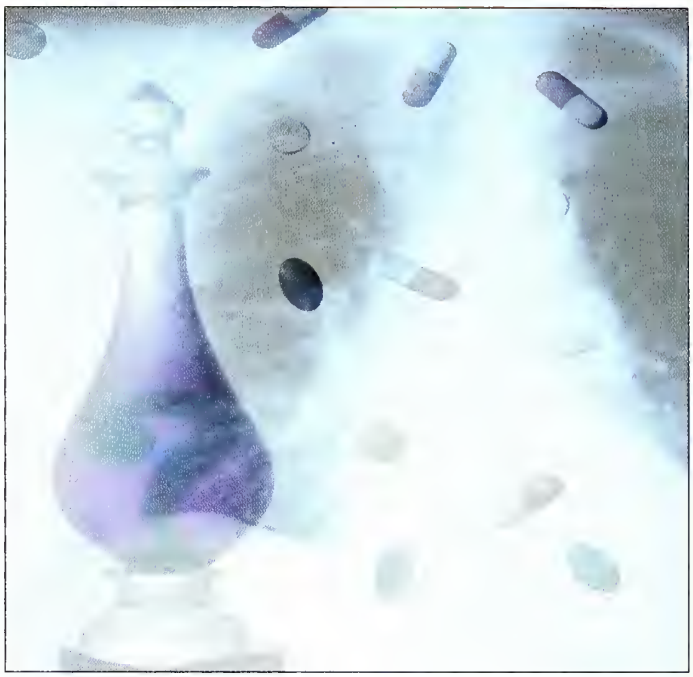
Most of the remainder, who have been with the NHS for some time, are optimistic but cynical. Having seen many 'innovations' change nothing, and good ideas come to naught because of a lack of enthusiasm, they wonder if the same fate will befall partnership.

Partnership looks to have a commitment that previous schemes have lacked. The Scottish Partnership Forum has joint chairmen – Gerry Marr, director of human resources, NHSiS, and Michael Fuller, regional officer, MSF. Let's hope the will is there to make it work.

Written by a senior hospital pharmacist

Xrayser

Topical Reflections



Another kind of millennium bug

I had not really thought about the consequences of millennium hangover until I read that since New Year's Day in the year 2000 falls on a Saturday it will not be a bank holiday (**News Extra**, last week). The bank holidays are to be New Year's Eve and January 3, with January 1 being a 'normal day' (even in Scotland, where the bank holiday is January 4).

I do not know who formulated this piece of bureaucratic nonsense, but Saturday, January 1, 2000 cannot by any stretch of the imagination be deemed a normal day, and why make January 3 a bank holiday?

One reason may be that many civil servants, particularly those who make the rules, do not normally work on a Saturday and they are concerned they will lose their day off. But millions of other workers do work. It is unrealistic to expect them to work normally when everyone else is having a lie in on full pay while recovering from the millennium celebrations.

The concept of bank holidays has become an outdated anachronism except that their declaration affects employment rules. Instead of causing chaos next New Year perhaps this would be the ideal opportunity to experiment and declare that all workers should be entitled to one extra day's holiday in lieu of New Year, taken whenever, with the agreement of their employer.

December 31 could then be retained as a one-off millennium public holiday and the following days traded normally according to commercial demand. There will be no trade to exploit on January 1 next year so I would not expect to open.

I am sure my health authority will make appropriate arrangements and declare a rota for which those participating pharmacies will be paid a premium rate. The rest of us can then breathe a sigh of relief, turn over and blissfully sleep off the excesses of the night before.

Generic prices causing chaos

Market forces are continuing to play havoc with my generic buying. The price of some drugs, and in particular antibiotics, is going through the roof but my friendly shortline wholesaler is helping by advising me of imminent increases and encouraging me to buy stock in anticipation.

This has so far worked to my advantage as the predicted price rises have matched reality, but, equally, I am nervous that buying increased stock at high, though not necessarily the highest price, could eventually rebound to my disadvantage.

Like the stock market, what goes up can equally plummet down, and I cannot see how some of the quoted increases, as they rapidly approach the levels of their branded alternatives, can be sustained.

But I am convinced the market will soon assert its authority. I will make hay while the sun shines, but carefully. When the winds of change start to blow, I do not want to be caught with excess stock on the shelves. A falling market and no control over sales has the makings of a profit disaster.

An opportunity to make an impact

Incontinence is probably one of the most sensitive subjects that pharmacists have to deal with. This applies particularly when the approach comes from young to middle-aged ladies suffering from leakage incontinence.

Until now these people have had to wear panty liners, but at last Bard has launched an innovative intravaginal appliance, Contiform, designed to restore a woman's natural anatomy and prevent leakage (**Counterpoints**, last week).

Bard is placing its faith in my ability to sensitively, but successfully, promote Contiform by launching it through pharmacies, but I will need more than consumer advertising to sell this product.

When it goes nationwide in September, I hope Bard will provide a full staff training pack, samples and leaflets to be displayed near the sanitary section, as well as awareness literature and advertising aimed at nurses. The company might even sponsor joint educational meetings for the two professions.

Contiform is a product of which the maximum benefit will only be achieved by active co-operation between manufacturer, nurses and community pharmacists. Dotty is looking forward to her training manual because she is already aware of customers who might benefit.

I will not be best pleased if the first we hear of the product is through the embarrassed inquiry of a lady customer.

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Script specials

Subutex offers alternative for opioid dependence

Subutex (buprenorphine) has been launched by Schering-Plough as an alternative to methadone in the treatment of opioid dependence.

Subutex, a Controlled Drug under schedule 3 of the Medicines Act, comes as a sublingual tablet to be dissolved under the tongue. The initial dose is 0.8mg to 4mg as a single daily dose, which can then be adjusted according to each patient. Studies have shown that standard doses of buprenorphine (8mg/day) are equally effective as standard doses of methadone (60mg/day).

The advantage of using buprenorphine in opioid misuse is that, as a partial agonist, it carries a lower risk of overdose and dependence. It also prevents heroin from taking an effect because it blocks opiate receptors - this may help to stop addicts from topping up their treatment with illicit heroin.

An educational programme for healthcare professionals is being developed by Schering-Plough and will be introduced during 1999.

Subutex comes in three strengths: 0.4mg (7, £1.68); 2mg (7, £6.72); and 8mg (7, £20.16).

Schering-Plough Ltd.
Tel: 01707 363636.

MEDICAL MATTERS

Benefits of antihypertensive treatment in very old remains inconclusive

A study in *The Lancet* has shed further doubt on the benefits of treating the very elderly with antihypertensive drugs. However, the authors strongly rule out suggestions of a maximum age limit for treatment, calling instead for a large scale trial to be undertaken.

The benefits on mortality of using antihypertensives in middle-aged patients and those over 60 are well-established, but treatment in the very old - those over 80 - are still unknown. One study has even suggested that treatment in this age group could be harmful.

Because of this uncertainty the authors decided to collect data from subgroups of randomised controlled trials to assess the evidence for and against antihypertensive treatment in people over the age of 80.

They found 57 strokes and 34 deaths among 874 antihypertensive-treated patients compared with 77 strokes and 28 stroke deaths among the 796 controls. This translates as one non-fatal stroke prevented for every 100 patients treated each year.

The authors also found that treatment prevented 34 per cent of strokes, and rates of major cardiovascular events and heart failure fell by 22 per cent and 39 per cent respectively. No benefits were seen for cardiovascular death and relative excess death for all causes were not significant.

Women more emotionally dependent on cigarettes and less likely to give up

Women are more emotionally dependent on cigarettes than men, with almost half of women saying they feel unable to cope without them, compared to a third of men.

A 'Sex and Smoking' survey commissioned by No Smoking Day looked at the differing attitudes to smoking between men and women. Almost half of women (48 per cent) said smoking gave them confidence, and 44 per cent saw it as their main source of pleasure. 61 per cent also said they would find it difficult to abstain for a whole day.

Women considered stress as a barrier to giving up, while men tended to relapse because of alcohol. Men were more likely than women (47 *v* 39 per cent) to give up smoking for their own health, but more women would give up for their family. These differing attitudes indicate a need for more tailored smoking cessation advice, suggests Professor Robert West of St George's Hospital Medical School, a co-author of the report.

Sunbeds as bad as sunshine as a cause of cancer

Sunbeds are equally capable of causing cancer and the other adverse effects of ultraviolet radiation as the sun. The Health Education Authority will be putting this message across in this year's 'Sun Know How' campaign.

According to new research from the HEA, 3.12 million people used a sunbed last year, representing 8 per cent of the population.

Most likely users were the 16-24 year olds with 15 per cent of them (around 800,000 people) having at least one session on the sunbed last year.

Although most people are aware of the dangers of sunburn from natural sunlight, they are unaware that sunbeds emit similar UV radiation which can be equally harmful. As well as premature ageing, adverse effects include burnt skin, dryness, itching, and eye irritation and conjunctivitis if suitable goggles are not used.

Severe burning and skin rashes may be precipitated when certain medicines are being taken simultaneously with sunbed use.

Professor John Hawk, consultant dermatologist at St Thomas' Hospital says: "Skin cancer can take 20 years to develop and the sunbed industry is still relatively young. There are already cases of early skin cancer in people who have frequently used sunbeds."

IN BRIEF

Creon 25000 updated

Solvay has introduced changes to its high strength Creon 25,000. The capsules are now transparent at one end and contain mini-microspheres similar to those in Creon 10,000. Creon 25,000 now comes in tubs of 100 instead of blister packs of 50.

Solvay Healthcare. Tel: 01703 472281.

Emadine eye drops

Alcon has launched Emadine eye drops (emedastine difumarate 0.05 per cent) for the symptomatic treatment of seasonal allergic conjunctivitis. Emedastine is a histamine receptor antagonist which acts as a decongestant and anti-allergic. Emadine is a POM (basic NHS price £7.69 for 5ml).

Alcon Laboratories. Tel: 01442 341234.

Proscar licence extension

Prascar (finasteride) has had its licence extended to include reduction of lang-term camplicatians of benign prostatic hyperplasia. The change af indication highlights that the drug is most effective in men with enlarged prastates.

Merck Sharpe & Dohme. Tel: 01992 467272.

Norvir approved for children

Norvir (ritanavir) has received Eurapean marketing approval for use against HIV in children under the age of two. The dase is 350mg/m² twice daily, which can be increased to a maximum 600mg twice daily.

Abbott Laboratories. Tel: 01795 580303.

New strength Tritace

Tritace (ramipril) naw cames in a 10mg strength (basic NHS price £13 for 28), in additian to the 1.25mg, 2.5mg and 5mg tablets.

Hoechst Marion Raussel.
Tel: 01895 834343.

Zyban for nicotine dependence

Glaxa Wellcome has filed for European marketing approval far Zyban (bupropion HCl), a navel non-nicotine aral tablet to treat nicatine dependence. Zyban warks by acting an the CNS addictian pathways, decreasing craving and reducing the effects of withdrawal.

Glaxa Wellcame. Tel: 0181 990 9000.

THIS SUMMER, WE'VE BEEN REALLY BOLD.

WE'VE PUT ZIRTEK ON TV.

This year's Zirtek promotion will be spearheaded by high profile TV advertising and sponsorship of GMTV's pollen forecast. There'll also be a wide-reaching consumer press campaign and eye-catching in-store point of sale materials. As well as extensive promotion to GPs.

With a total marketing spend of £2million behind Zirtek, you won't miss this year's thrust. Nor will your customers. So make sure you're ready. Make sure you're stocked up.

ONE A DAY
Zirtek
ALLERGY cetirizine

MAKES LIGHT OF HAYFEVER

IRTEK ALLERGY
RESENTATIONS: White, oblong, scored, film-coated tablet engraved Y/Y containing 10mg cetirizine hydrochloride.
USES: Treatment of seasonal and perennial rhinitis and chronic idiopathic urticaria.
DOSAGE AND ADMINISTRATION: Adults and children aged 12 years and over: 10 mg once daily. In renal insufficiency halve the dose to 5 mg (½ tablet) daily.
CONTRAINDICATIONS: Hypersensitivity to constituents. Avoid use in pregnancy and lactation. **PRECAUTIONS:** Do not exceed recommended dose, particularly if driving or operating machinery.
DRUG INTERACTIONS: To date there are no known interactions with other drugs. As with other antihistamines avoid excessive alcohol consumption.
SIDE EFFECTS: Mild and transient drowsiness, headache, dizziness, agitation, dry mouth and gastrointestinal discomfort have been reported.
PACKING, PRICE: Pack of 7 tablets = £4.25.
LEGAL CATEGORY: P
PRODUCT LICENCE NUMBER: Tablets 5221/0001.
MARKETED BY: UCB Pharma Limited, Watford, Herts, WD1 1DJ

Date of preparation: December 1998
UCB-Z-99-04

ucb Pharma

Counterpoints

Mix and match with Slovenian suncare cream

Fusion is introducing a Slovenian suncare range into independent pharmacies in the UK.

The Sun Mix range is manufactured by the Slovenian-based Krka - one of the top pharmaceutical companies in Central and Eastern Europe.

The range features a variable SPF suntan cream which combines seven SPFs from SPF4 to SPF10 in one tube. The product is designed with a device in the neck of the tube which controls the mix ratio of two different creams. The SPF can be varied by turning the nozzle top.

The cream contains alpha-bisabolol to soothe and prevent inflammation and vitamin E to neutralise cell-damaging free radicals. It has a waterproof formulation and contains UVA and UVB filters. Retail price is £7.99 (100ml tube).

Retail prices range from £4.99 to £8.99.

Activ8 Healthcare Sales.
Tel: 01789 473250.

A new generation of aromatherapy

Nelson & Russell has revamped its aromatherapy range with innovative packaging and new formulations.

User-friendly formulations have been combined with new easy-to-understand labelling to help the customer select the right product. The new N&R range features modern silver dispensers and eye-catching graphics related to the source or use of the product.

The 100 per cent pure and naturally grown oils have been used as the basis for the product range. The essential oils range, consisting of 14 essential oils and six organically derived oils, includes classics such as Lavender and Tea Tree as well as Grapefruit and Ginger. Prices for a 10ml bottle range from £3.55 to £17.50.

The pre-mixed Massage treatments (£7.45, 100ml) are available in six distinctive blends to suit particular moods: Refresh, Energise, Purify, Soothe, Sensual and Relax.

N&R Cleansing Shower Treatments (£5.95, 200ml) are free of any artificial colouring and are available in three revitalising variants: Energise containing a blend of lemon, frankincense and peppermint; Refresh, a blend of lime, grapefruit and petitgrain essential oils; and Purify, a blend of lavender, rosemary and grapefruit.

Its Foaming Bath Treatments (£6.95, 200ml) are also available in three variants: Soothe, a blend of cedarwood, cypress and orange; Relax, a sandalwood, geranium and orange blend; and Sensual, a blend of patchouli, ylang ylang and orange.

The N&R Floral Water Treatments have also been repackaged. Rose Water Facial Spritz (£4.95, 100ml) is a blend of rose essential oil and pure spring water which can be used to refresh and soften the skin.

Nelson & Russell.
Tel: 0181 780 4200

L'Oréal fishes for compliments in kids' haircare business

L'Oréal is planning to develop the children's haircare category with the launch of a new kids' range in May.

Designed to appeal to mothers and their children (aged two to ten), L'Oreal Kids is presented in brightly coloured fish-shaped bottles. The range includes four fruity fragranced two-in-one shampoos, a detangling conditioner and a styling gel.

The gel formula shampoos are formulated to care for four specific hair types: banana-melon for fine/flyaway hair, tropical fruit for normal hair, watermelon for thick, curly or wavy hair and cherry-almond for dry hair.

Extra Gentle Conditioner Plus Detangler has a grape fragrance and the Styling Gel has a raspberry fragrance.

Developed to be safe and gentle, the products have a tear-free formula. Retail price is £2.29 (250ml) for all products.

The launch will be backed by TV advertising from May. The commercial features a lively group of kids and has the strapline 'because we're worth it too!' Support will also include sponsorship and in-store promotions.

L'Oréal.
Tel: 0171 937 5454.

Clairol colour to dye for – relaunched by Bristol-Myers

Bristol-Myers will be relaunching its Clairol Loving Care and Lasting Color by Loving Care hair colorant ranges in April.

The formulation for Loving Care is being improved to give more consistent results, provide better grey coverage and reduce colouring time by over 33 per cent.

This level 1 colorant lasts for six to eight shampoos and is designed to enhance the hair's natural radiance and cover the first signs of grey. Retail price is £3.59.

Lasting Color by Loving Care is being reformulated to provide better colour results and improved grey coverage.

This level 2 colorant lasts through 24 washes and can cover any amount of grey hair. Retail price is £4.69.

Both ranges will include a new vitamin E and protein conditioning complex to provide better overall conditioning and they are both available in 14 shades.

Bristol-Myers Co Ltd.
Tel: 01895 628000.

Polaroid sunspecs move back into independents

Polaroid sunglasses are being re-introduced into pharmacies by Paul Murray. Recently, these have only been sold in Boots and department stores.

Sunmate by Polaroid Sunglasses is a new range comprising 42 models, featuring both acrylic UV400 or polarising lenses.

Prices range from £9.99 to £15.99.

Paul Murray plc.
Tel: 01703 268444.

Truth is, she's thinking of how to beat her desire for a cigarette. And her pharmacist's advice has been crucial. She was recommended NiQuitin CQ. The NiQuitin CQ patches have certainly helped take the edge off the need, making each day more bearable. But enrolling in the Committed Quitters Stop Smoking Plan put everything into perspective. It's personalised for her, and that's how she knew a restless wait could be tough. And it's how she knew the way to cope. So why think of her pharmacist? Because at least when it comes to giving up smoking, it's good to know she's not alone.

NEW

NiQuitin CQ®

Nicotine

STOP SMOKING AID

HELP HER STAY CALM, IN CONTROL – AND QUIT

NiQuitin CQ Product Information. Presentation: Matt, pinkish-tan, square, transdermal patches. Available in three strengths (sizes): NiQuitin CQ Step 1 (containing 114mg nicotine per 22cm² patch), NiQuitin CQ Step 2 (containing 78mg nicotine per 15cm² patch), and NiQuitin CQ Step 3 (containing 36 mg nicotine per 7cm² patch), delivering 21mg, 14mg, 7mg nicotine respectively in 24 hours. **Indications:** Relief of nicotine withdrawal symptoms, including craving, associated with smoking cessation. If possible, use as part of a smoking cessation plan. **Dosage and administration:** Patch users must stop smoking completely. For a habit of more than 10 cigarettes a day, start with Step 1 for 6 weeks, then continue with Step 2 for 2 weeks and finish with Step 3 for 2 weeks. For a habit of 10 or less cigarettes a day, start with Step 2 for 6 weeks then finish with Step 3 for 2 weeks. For best results complete full course of treatment. Do not use for more than 10 consecutive weeks. If patients still smoke or resume smoking they should seek doctors' advice before using a further course. Apply patch to clean, dry skin site once a day preferably soon after waking. Remove patch after 24 hours and apply new patch to a fresh skin site. Patches may be removed before going to bed. However, 24 hour use is recommended for optimum effect against morning cravings. Wear only one patch at a time. When handling patch avoid touching eyes or nose. Wash hands after use in water only. **Contraindications:** Use by non-smokers, occasional smokers or children. Hypersensitivity to the patch or its components. **Precautions:** Use only on doctors' advice in cardio-vascular disease (e.g. angina, stroke, arrhythmias, severe peripheral vascular disease, recent myocardial infarction), uncontrolled hypertension; severe renal or hepatic impairment, peptic ulcer, hyperthyroidism, insulin-dependent diabetes, phaeochromocytoma, atopic or eczematous dermatitis. Concomitant medication may need dose adjustment due to reduced nicotine levels; caffeine, theophylline, imipramine, pentazocine, phenacetin, phenylbutazone, insulin, adrenergic blockers may need dose decrease; adrenergic agonists may need dose increase. Patients should be warned not to smoke or use other nicotine-containing patches or gums when using NiQuitin CQ. Keep safely away from children. **Side effects:** Transient rash, itching, burning, tingling at site of application should resolve on removal of patch; rarely, allergic skin reactions. Occasionally, tachycardia. Other systemic effects may relate either to using patches or smoking cessation: nausea, mild stomach upset, constipation, cough, sore throat, dry mouth, muscle/joint pain, headache, weakness, flu type symptoms, dizziness, sleep disturbance. Mild effects should resolve with continued use; if troublesome, Step 1 users can step down to Step 2 for remainder of initial 6 weeks, then use Step 3 for final 2 weeks. **Pregnancy and lactation incl. trying to become pregnant:** Use only on advice of a doctor. **Legal category:** P. **Product licence number:** NiQuitin CQ 21mg (Step 1) 00079/0347; NiQuitin CQ 14mg (Step 2) 00079/0346; NiQuitin CQ 7mg (Step 3) 00079/0345. **Product licence holder:** SmithKline Beecham Consumer Healthcare, Brentford, TW8 9BD, U.K. **Pack size and RSP:** All strengths 7 patches £19.95. **Date of preparation:** November 1998. **NiQuitin CQ, CQ** and **Committed Quitters** are trade marks.

Colpermin builds awareness of IBS

Pharmacia & Upjohn is supporting its Colpermin irritable bowel syndrome OTC brand with a £1 million advertising campaign during 1999.

As well as highlighting the benefits that the brand can offer to IBS sufferers, the campaign is designed to expand the IBS OTC category.

Consumer advertising will appear on both terrestrial and satellite TV channels. The brand will also be advertised in medical journals to encourage OTC referral.

A pharmacy training initiative includes an IBS/Colpermin staff learning programme.

Pharmacia & Upjohn.
Tel: 01908 661101.

Larger than life

ColourCare will be offering four 7in x 5in enlargements for the price of three to its D&P customers from March 29. The initiative effectively reduces the rsp of a 7in x 5in enlargement by 25 per cent when four prints are ordered.

ColourCare International Ltd.
Tel: 01722 412202.

P&G pushes travel in pharmacies

Procter & Gamble is launching a major national promotion running only through community pharmacies in May and June. Consumers buying any two P&G toiletry products can save £100 on a holiday from travel operator First Choice.

The promotion, currently being detailed by P&G's pharmacy sales team, is open to all multiple and independent pharmacies apart from Boots and Lloyds Supersave.

The only P&G products not included are OTC medicines, paper products (eg Pampers) and feminine care products, which do not fall under the Health & Beauty Care division.

The multimillion pound promotion will be supported with a £300,000 three-week national radio campaign starting on May 12, and advertising in the national press.

A PoS parcel will be mailed to 8,000 pharmacies in mid-April which will include the vouchers, plus promotional material such as window posters, counter leaflets, dispensers and shelf wobblers.

P&G is expecting to see a substantial uplift in sales, and believes that, given adequate support, the promotion could represent incremental business of £3.4 million for pharmacies.

Brian Carruthers, P&G's customer business development manager - pharmacy UK, said: "This is not something we want to do just once. If we can get some dynamism, it represents a fabulous opportunity for the future."

P&G points to research suggesting that the pharmacy shopper spends an average of only 159 seconds in-store; 59 per cent of shoppers are only visiting for a prescription and 82 per cent do not recall seeing any promotions. This provides a massive opportunity to pick up additional products.

The holiday must be for a couple and the minimum spend must be £800. Consumers collect a voucher in-store and keep their receipt to validate it.

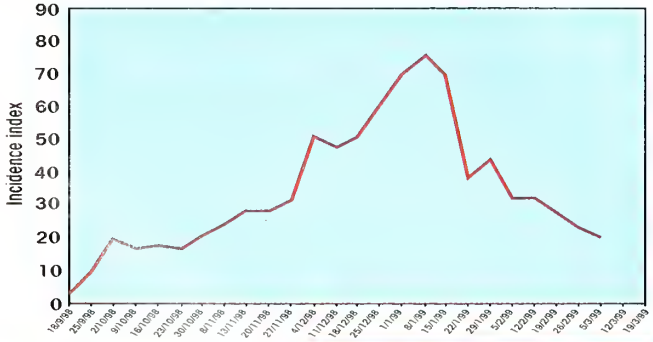
Travel is now the leading consumer spending priority, says P&G. It fits the profile of pharmacy shoppers: 65 per cent of people in the UK who travel overseas are over 35, as are 72 per cent of pharmacy shoppers.

Procter & Gamble UK (Health Beauty & Cosmetics).
Tel: 01932 896000.

Cough, cold & flu FORECAST

Information updated weekly by SDI

City	Status	Weeks on status	Incidence index for this week
Birmingham	**Advisory**	4 weeks	17.9
Bristol	Advisory	3 weeks	25.2
Glasgow	**Advisory**	3 weeks	33.9
Leeds	Advisory	5 weeks	18.0
London	**Advisory**	4 weeks	20.9
Manchester	Advisory	3 weeks	34.5
Newcastle	**Normal**		10.6
Norwich	Normal		8.1



SPONSORED BY Benylin

MARKET STATUS
ADVISORY
(week 4)

Bear necessities from Paul Murray

A new collection of Forever Friends cosmetics bags and holdalls is now available to pharmacies from Paul Murray.

The range comprises four cosmetics bags (two have an inside mirror) and two holdalls. The bags come in two patterns and two colourways - padded beige or dark navy blue and gingham design. All the bags feature the Forever Friends logo and bear.

Retail prices range from £1.99 to £4.99.

Paul Murray plc.
Tel: 01703 268444.

User-friendly ear thermometer

Becton Dickinson Home Healthcare is launching a new ear thermometer designed to help make the temperature-taking process easier.

The BD Assure (rsp £39.95) uses scanning technology to measure the infra red energy given off by the eardrum and surrounding tissue. It then records and displays the highest temperature scanned within seconds.

Becton Dickinson Home Healthcare.
Tel: 01865 748844.

Right time to get into step

Oregon Scientific is introducing a new range of pedometers for people who walk or run for exercise or health.

Stepper Pedometers measure 64 x 42 x 25mm and feature step counting, distance measurement, count-up timer, real time clock and sensitivity alignment.

Retail prices range from £9.99 to £14.99.

Oregon Scientific.
Tel: 01628 826688.

Nothing reduces fever further...

acts faster...

or lasts longer**

New Nurofen for Children contains Ibuprofen which works fast on fevers, acting within 30 minutes[1,2] and lasting for up to 8 hours.[1-4]

Nurofen for Children is a new formulation of Junifen and offers fast, effective pain and fever relief.[1,4-6] Pleasantly orange-flavoured and with Nurofen's reassuring safety profile,[7,8] it is suitable for a range of indications in babies and children from 6 months upwards.[9] Sound reasons to recommend Nurofen for Children.

new

The logical choice

PRODUCT INFORMATION: NUROFEN FOR CHILDREN. Oral suspension containing: Ibuprofen 100mg/5ml. **Also contains:** Citric acid, Sodium Citrate, Sodium Chloride, Sodium saccharin Domiphen bromide, Purified water, Polysorbate 80, Maltitol syrup, Xanthan gum, Orange flavour, Glycerine. **Indications:** Prescription only – For symptomatic treatment of Juvenile Rheumatoid Arthritis **Prescription and OTC:** For the fast and effective reduction of fever, including post immunisation pyrexia and the fast and effective relief of mild to moderate pain, such as sore throat, teething pain, toothache, earache, headache, minor aches and sprains. **Oosage:** For pain and fever: The daily dosage of Nurofen for Children is 20-30 mg/kg body weight in divided doses. This can be achieved as follows: Infants 6-12 months: One 2.5 ml spoonful may be taken 3 times in 24 hours. Children 1-2 years: One 2.5 ml spoonful may be taken 3 to 4 times in 24 hours. Children 3-7 years: One 5 ml spoonful may be taken 3 to 4 times in 24 hours. Children 8-12 years: Two 5 ml spoonfuls may be taken 3 to 4 times in 24 hours. Not suitable for children under 6 months of age unless advised by your doctor. For Juvenile Rheumatoid Arthritis: The usual daily dosage is 30 to 40 mg/kg/day in three to four divided doses. For post immunisation pyrexia: One 2.5 ml spoonful followed by one further 2.5 ml spoonful 6 hours later if necessary. No more than two 2.5 ml spoonfuls in 24 hours. If the fever is not reduced, consult your doctor. For oral administration. For short term use only. **Precautions and Warnings:** If symptoms persist for more than three days, consult your doctor. Do not exceed the stated dose. Caution is required in patients with renal, cardiac or hepatic impairment. Asthma sufferers, anyone allergic to aspirin, receiving any other regular treatment and pregnant women should consult their doctor before taking Nurofen for Children. Nurofen for Children is not suitable for patients who have a stomach ulcer or other stomach disorder. Not recommended for children under 6 months unless advised by a doctor. **Side effects:** Rare but may include abdominal pain, nausea, dyspepsia and gastrointestinal bleeding and peptic ulceration. Also rashes, and very rarely thrombocytopenia have been reported. Bronchospasm may be precipitated in patients with a history of aspirin sensitive asthma. **Product Licence Number:** PL 00327/0085 **Licence Holder and Manufacturer:** Crookes Healthcare Limited NG2 3AA. **Legal Category:** POM and P. **Price:** £3.05. **Date:** March 1998. **References:** 1. Walson PD, Galletta G, Braden NJ *et al* Clin Pharmacol Ther 1989; **46**: 9-17. 2. Sidler J, Frey B, Baerlocher K. Br J Clin Pract 1990; **44** (Suppl 70): 22-5. 3. Kauffmann RE, Sawyer LA and Schienbaum ML. AJDC 1992; **146**: 622-5. 4. Nahata MC, Powell DA, Durrell DE. Int J Clin Pharmacol Ther Toxicol 1992; **30** (3): 94-96. 5. Schachtel BP, Thoden WR. Pediatr Res. **29** (4 part 2) 1991, 124a. 6. Bertin L, Pons G, Duhamel JF*et al*. Fundam Clin Pharmacol 1991; **5** (5): 409-7. Lesko SM and Mitchell AA. JAMA 1995; **273** (12): 929-33. 8. McIntyre J and Hull D. Arch Dis Childhood 1996; **74**: 164-7. 9. Nurofen for Children summary of Product Characteristics. *than ibuprofen

CROOKES HEALTHCARE

SB is spot on with Oxy campaign

SmithKline Beecham is supporting its Oxy spot prevention range with a £300,000 campaign this year.

Aimed at 12-17-year-old boys and girls, the campaign will appear in teenage girls' magazines and special interest titles such as *Games Master*, *Playstation Plus* and *Match*.

The strapline 'Whatever else puts you on the spot, it needn't be spots' accompanies a series of embarrassing moments which are likely to strike a chord with teenagers.

SB is advertising its new Oxygen skincare range in teenage girls' magazines until June as part of the brand's £3.5 million launch campaign.

SmithKline Beecham Consumer Healthcare.
Tel: 0181 560 5151.

IN BRIEF

Mystery shopper

Stofford-Miller is sending a mystery shopper into pharmacies to ask about oral hygiene. If the shopper is given the right advice, the pharmacy could win o prize worth of up to £100.

Stafford-Miller Ltd.
Tel: 01707 331001.

Zirtek on TV

UCB Phormo is supporting Zirtek with a £2 million morketing progromme this year. The campoign will include TV odvertising and eye-cotching in-store PoS material.

UCB Pharmo Ltd.
Tel: 01923 211811.

Wrigley Gum

Wrigley would like to make it clear that although the World Dental Federotion supports the use of sugar-free chewing gum as part of an orol hygiene regime (*C&D* February 13, p12), it is the British Dental Association which states thot 'Chewing sugar-free gum helps prevent tooth decay'.

Monkey business for Wella Shockwaves

Wella will be supporting its Shockwaves hair styling range with a £3.5 million advertising campaign this year.

The campaign will start when the brand's 'gorilla' advert returns to TV screens from March 15 to April 26.

Targeted at 16-24-year-olds, the commercial features a mischievous gorilla who takes the sleeping hero on a nocturnal hairstyle wrecking adventure.

Wella Great Britain.
Tel: 01256 320202.

Nurofen tops OTC advertising awards

Crookes Healthcare's Nurofen topped the awards at this year's Pharmacy Viewpoint OTC Advertising Awards.

Nurofen was the winner of the Best Overall advertising and Best Television advertising awards. It was also the joint winner of the Best Trade Press advertising award with Bayer's Canesten.

The awards, voted for by pharmacists, are organised by *OTC Bulletin* newsletter and Taylor Nelson Sofres Healthcare.

The winners are selected following monthly surveys of more than 100 pharmacists across the UK.

Taylor Nelson Sofres plc.
Tel: 01372 801010.

Legs for Life with Scholl exercise videos

Two leg exercise videos and a leaflet have been launched to support the Scholl Softgrip compression hosiery range.

The first Scholl Legs for Life video is designed for pharmacists and nurses and details common leg problems and simple leg exercises demonstrated by Diana Moran 'Green Goddess' fitness instructor. The second video is aimed at customers.

Pharmacists can obtain leaflets and copies of the video by calling the company on 01565 624157.

Seton Scholl Healthcare Plc.
Tel: 0161 654 3000.

ON TV NEXT WEEK

Carex: All areas

Equilon and Equilon Herbal: C, Sat

Kwai Garlic: G, Y, HTV, M, TT, C4, TSW

Motilium 10: C, U

Nicorette: All areas

Niquitin CQ: All areas

Oil of Ulay: All areas except CAR

Propain: B, G, Y, M, LWT

Shockwaves: All areas

A Anglia, **B** Border, **C** Central, **C4** Channel 4, **C5** Channel 5, **CAR** Carlton, **CTV** Channel Islands, **G** Granada, **GMTV** Breakfast Television, **GTV** Grampian, **HTV** Wales & West, **LWT** London Weekend, **M** Meridian, **Sat** Satellite, **STV** Scotland (central), **TT** Tyne Tees, **U** Ulster, **W** Westcountry, **Y** Yorkshire

MOTILIUM 10 – ESSENTIAL INFORMATION

Presentation: Small film coated tablet containing domperidone maleate equivalent to 10mg domperidone base. **Indications:** For the relief of post meal symptoms of fullness, nausea, epigastric bloating and belching, occasionally accompanied by epigastric discomfort and heartburn. **Dosage and administration:** Adults and children over 16: up to one tablet (10mg) three times daily and at night when required. Maximum duration of *continuous* use is 2 weeks. **Contra Indications:** Hypersensitivity to any of the components. Patients with any underlying gastro-intestinal pathology, with prolactinoma, or with hepatic and/or renal impairment. **Precautions:** Patients who find they have symptoms that persist and are taking Motilium 10 continuously for more than 2 weeks should be referred to a GP. **Drug interactions:** Adverse interactions have not been reported in general clinical use. However it has the potential to alter the peripheral actions of dopamine agonists such as bromocriptine, including its hypoprolactinaemic action. Domperidone's actions on gastro-intestinal function may be antagonised by anti-muscarinics and opioid analgesics. May enhance the absorption of concomitantly administered drugs particularly in patients with delayed gastric emptying. **Pregnancy and lactation:** Motilium 10 should only be used during pregnancy on the advice of a doctor. Use by breast feeding women not recommended. **Effects on driving ability and use of machinery:** Does not affect mental alertness. **Side effects:** Occasionally transient stomach cramps and hypersensitivity reactions (eg rashes) reported. At higher dosages and for longer treatment durations than recommended, a rise in serum prolactin has been reported which may, rarely, be associated with galactorrhoea and even less frequently, with gynaecomastia, breast enlargement or soreness; there have been reports of reduced libido. Domperidone does not readily cross the normally functioning blood brain barrier and therefore is less likely to interfere with central dopaminergic function. However, acute extra pyramidal dystonic reactions, including rare instances of oculogyric crises, have been reported. Should treatment of dystonic reactions be necessary, domperidone should be withdrawn and an anticholinergic, anti-parkinsonian drug, or benzodiazepine medication should be used. **Treatment of overdose:** If disorientation, extrapyramidal reactions or drowsiness occur following an overdose, the patient should be closely monitored and treated symptomatically. Administration of gastric lavage and activated charcoal may be helpful. Anticholinergic medication may be useful in managing extrapyramidal symptoms. **Price:** £3.95 **Legal category:** P. **PL:** 13249/0014 **PL holder:** Johnson & Johnson. MSD Consumer Pharmaceuticals, Enterprise House, Station Road, Loudwater, High Wycombe, Buckinghamshire HP10 9UF. **Date of preparation:** June 1998.

BOTH CUSTOMERS WILL TELL YOU THEY HAVE INDIGESTION...BUT ONLY YOU CAN TELL WHICH TYPE.

ACID-RELATED

DYSMOTILITY = UNDIGESTION

When your customers tell you they have indigestion, they probably don't know which type they've got. To ensure they get the right relief, a simple check of their symptoms means you can tell whether their indigestion is acid related or a result of dysmotility. When they describe that heavy, bloated queasy feeling – as if undigested food is just sitting in their stomachs, it's not so much indigestion as *un*digestion. For these customers there's only one answer.

Johnson & Johnson • MSD
CONSUMER PHARMACEUTICALS

Motilium® 10. The first relief for Undigestion

Only available through pharmacies. Further information is available from: Enterprise House, Station Road, Loudwater, High Wycombe, Bucks HP10 9UF. Tel: 01494 450778

Gums play a supporting role

Professor Robin Davies of the Dental Health Unit at Manchester University explains the causes, symptoms and treatment of gum disease, a condition thought to affect most of us at some stage during our lives

The term gum or periodontal disease comprises a group of diseases that affect the supporting tissues of the teeth; namely the gingiva (gum), alveolar bone, the cementum that covers the roots of teeth and the fibres of the periodontal ligament that attach the roots of the teeth to the bone.

Broadly speaking, periodontal diseases can be divided into two groups, those that are limited to the gingiva (gingivitis) and those that affect the gingiva and the deeper tissues (periodontitis). This distinction is important since gingivitis is reversible whereas the loss of tissue associated with periodontitis is irreversible.

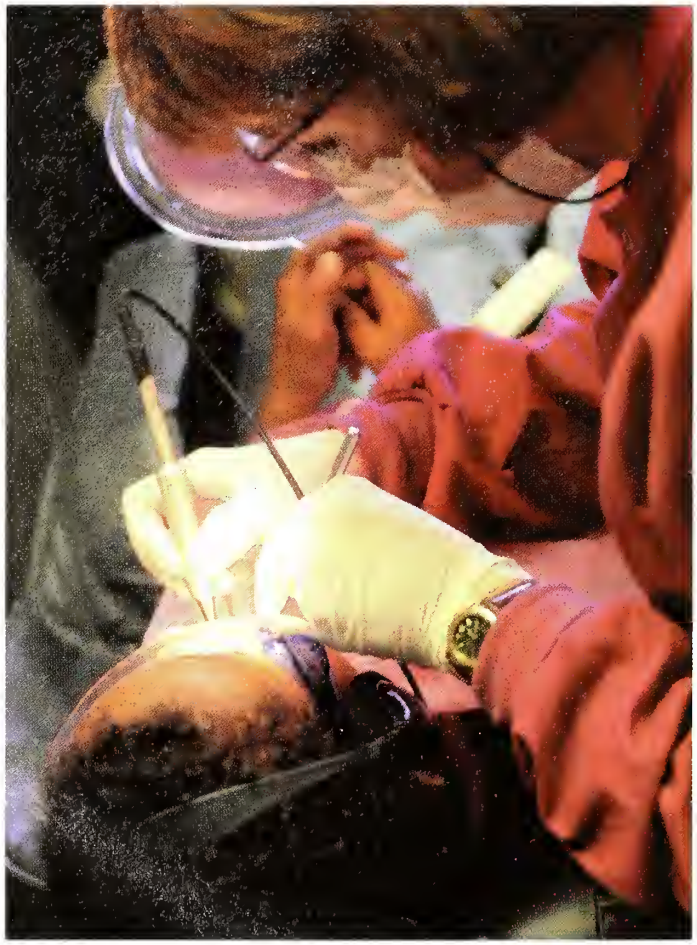
The causes

Periodontal diseases are infections caused by bacteria which, in the absence of good oral hygiene, accumulate on the tooth surfaces and are commonly referred to as dental plaque. Initially, bacteria accumulate above the gum margin (supragingival) but may then spread down below the gum margin (subgingival).

Gingivitis is associated with an increase in the number of supragingival bacteria and an increase in the percentage of Gram-negative organisms. These bacteria and their products induce a chronic inflammatory response within the gingiva which then exhibit the typical signs of gingivitis, namely redness, swelling and bleeding.

Periodontitis, on the other hand, is associated with subgingival organisms, particularly Gram-negative, anaerobic species. Again these bacteria induce a chronic inflammatory response with the resultant destruction of bone and the periodontal ligament fibres.

Clinically the tissues exhibit all the features of gingivitis but the loss of tooth support may result in the tooth or teeth becoming loose and ultimately lost. Bad breath and an unpleasant taste are often associated with this condition and the teeth may appear longer as the gum moves down the tooth to expose the root. Pain and abscesses are usually only experienced in the later stages of the disease.



Poor oral hygiene increases the risk of gum disease

Who it affects

Gingivitis, of varying severity, is almost a universal finding in children and adolescents. Although gingivitis precedes periodontitis, the age at which this transition occurs and the rate of progression and the distribution of tissue destruction around the mouth vary from one individual to another. These clinical criteria have been used to classify periodontitis into early onset and adult forms of the disease.

Early onset forms of periodontitis can be further subdivided into those that involve the deciduous teeth (pre-pubertal), the permanent teeth of adolescents (juvenile) and young adults (rapidly progressive). Fortunately, these early onset forms of disease are relatively rare, affecting less than 1 per cent of the population.

In contrast, adult periodontitis, which is a much slower, insidious process, affects most adults and is of sufficient severity to cause the loss of teeth in about 15 per cent of the population. However, as more of the increasing elderly population retain more of their teeth into later life, periodontitis may pose an increasing threat to the natural dentition.

Risk factors

Although bacteria and their products initiate the disease process, the host's inflammatory and immune responses exert a strong influence on the susceptibility of the individual and the clinical outcome. Acquired and environmental risk factors include: poor oral hygiene, medications, cigarette smoking, endocrine disorders and stress.

Poor oral hygiene and the continual presence of plaque deposits adjacent to the periodontal tissues increase the likelihood of disease. Certain medications, notably phenytoin, nifedipine and cyclosporin, are often associated with overgrowth of the gingival tissues. Smoking has a deleterious effect on the periodontal tissues, influencing both susceptibility and the ability of the tissues to respond to conventional forms of treatment. During pregnancy the gums may become more swollen and bleed more easily, a condition termed pregnancy gingivitis. In reality, the hormonal changes that accompany pregnancy exacerbate an existing condition.

Susceptible

Diabetics, particularly those poorly controlled, are more susceptible to periodontal disease. Acquired immune defects, such as those accompanying HIV infection, increase the risk of tissue destruction. Some HIV and AIDS patients have severe necrotising, ulcerative lesions with sloughing of the underlying bone.

Innate risk factors include: race, gender, genetic factors/inheritance, congenital immunodeficiencies, phagocyte dysfunction, and syndromes, such as Down's.

Abnormalities in the number or function of neutrophils such as those found in agranulocytosis, neutropenia and leukocyte adhesion deficiency syndrome present with severe inflammation and tissue destruction. Tissue destruction can occur at a young age and can lead to premature loss of the deciduous teeth.

Individuals with Down's syndrome, Papillon Lefèvre syndrome and Ehlers-Danlos syndrome also develop periodontitis at a young age. This increased susceptibility is thought to reflect an impairment of inflammatory and immune responses. Recently it has been shown that individuals with an IL-1 gene polymorphism are more

likely to develop periodontitis, in this case as a consequence of producing more IL-1 in response to plaque bacteria.

Prevention

The aim of any attempt to prevent and control periodontal disease is to establish and maintain an effective level of plaque control. The mechanical removal of plaque with a toothbrush and toothpaste is essential and the use of adjuncts, such as floss or interdental brushes, may be advised.

However, many people fail to maintain an effective level of oral hygiene and some toothpastes and mouthrinses now contain antibacterial agents to try and improve the situation.

Mouthrinses, containing either 0.12 or 0.2 per cent chlorhexidine digluconate, are very effective in reducing supragingival plaque and are often used as an adjunct to toothbrushing in the early management of disease. They are particularly useful in hospitals as a means of maintaining oral cleanliness in patients who would otherwise find it difficult to brush. Since the long-term use of chlorhexidine is precluded by the development of a brown discoloration of the teeth other antibacterial agents have been developed.

The broad spectrum antibacterial agent, triclosan, has been shown to reduce plaque and gingival bleeding and a number of products now contain this agent. Colgate Total, which includes a unique combination of triclosan and copolymer, has also been shown to reduce the onset and progression of periodontitis.

Systemic antibiotics, such as tetracycline or a combination of metronidazole and amoxycillin, have been used as an adjunct to the treatment of early onset forms or refractory cases of periodontitis. Recently the local delivery of antibacterial agents to subgingival sites has been facilitated by the development of controlled release devices.

Although the loss of tissues associated with periodontitis has been considered to be essentially irreversible, new procedures are providing some encouraging evidence that, under certain circumstances, regeneration of tissues may be possible.

While the focus of dental treatment has been the maintenance of a healthy, functional dentition, there is growing evidence that a healthy mouth may provide other, important benefits. For example, recent research has reported an association between periodontal disease and coronary heart disease and low birth weight babies. Further studies will indicate the strength of these associations.

The facts about fluoride

The decline in caries over the past three decades has largely been attributed to the widespread use of fluoride in toothpastes and in our drinking water. Statistics point to a 50 per cent reduction in tooth decay in areas which have fluoridated water, while new figures published by the National Alliance for Equity in Dental Health show that children in non-fluoridated areas are four times more likely to have teeth extracted due to tooth decay.

The Alliance is calling for 25 per cent of us to have access to fluoridated water in future, concentrating on areas that have high levels of decay.

In fact, only 10 per cent of the UK population have access to fluoridated water and this figure has remained unchanged over the past ten years, says Sheila Jones, research and information officer at the British Fluoridation Society. One of the reasons why fluoridation levels haven't risen is that a vociferous minority still have grave doubts about the safety and effectiveness of drinking fluoridated water *en masse* on a daily basis.

Current legislation allows water companies to have the final say over whether they fluoridate the water supply or not, and few are keen to take the risk. But while the fluoride advocates argue that children are needlessly suffering tooth decay because of unfounded scare stories, the anti-fluoride lobby says it is fighting to protect us from the potentially harmful long-term effects of fluoride poisoning.

What is fluoride?

Fluoride is a mineral compound which is one of the constituents of bones and teeth. It has proved useful in the prevention of dental caries by strengthening the composition of the tooth enamel and making it more resistant to acid attacks. It is also believed to reduce the acid producing ability of micro-organisms present in plaque. Since fluoride was first added to toothpaste in the 1970s, decay has been reduced by 75 per cent.

The water supply may naturally contain fluoride in levels of 0.3-1.1 parts per million, but the optimum level has been shown to be 1ppm, or 1mg per litre, says the British Fluoridation Society (BFS). Some 42 health authorities now have wholly or partly fluoridated water, which equals about 10 per cent of the population or 5.5 million people, according to BFS statistics. This compares with 60 per cent of people in the US who have access to fluoridated water.

Case for fluoridation

In areas where there is water fluoridation, decay is generally halved, says the British Dental Association. However, in non-fluoridated poorer inner city areas such as Glasgow, Cardiff, Liverpool, Manchester and London, as many as one in five children aged five have already had one tooth extracted due to tooth decay. This compares with areas such as Newcastle and Birmingham, which have had fluoridated water for 30 years, where extraction levels among five-year-olds are just one in 20.

"Tooth decay is preventable, and in areas where decay rates are high, water fluoridation would cut disease levels in half," says John Hunt, chief executive of the BDA. Fluoridation featured in the Government's Green Paper on public health 'Our Healthier Nation' and the BDA is optimistic that it will also feature in the White Paper to be published this spring.

"The Government has accepted the benefits of fluoridation, but we realise that we have to take a new look at the way the public is consulted about it," says Sheila Jones. "Despite the use of fluoridated toothpaste, we believe fluoridated water is necessary in areas where tooth decay rates are high. The problem is that health education messages are not getting through to people in these areas and we know that sales of fluoridated toothpaste are much lower here."

Safety concerns

The anti-fluoride campaigners argue that the main cause of tooth decay in our children is not non-fluoridated water but poverty, poor diet and poor dental hygiene. "The Government would do far better to invest money in better dental services for everyone than fluoridated water," says Paul Clein, National Pure Water campaigner and pharmacist. "In some areas, people are being exposed to 3-6mg of fluoride a day, thanks to fluoride in other sources such as toothpaste and food. Why waste money on fluoridating the water supply when there's already more than enough from other sources?"

Dr Peter Mansfield, a GP and fluoride researcher, is convinced that fluoride has adverse cumulative effects on our health and is not necessary to improve decay figures. "Decent dental hygiene would eradicate decay rates. Studies in India have shown that it's actually the poor who are most susceptible to the adverse effects of fluoride. But the problem is, people just don't want to hear the truth about fluoride."

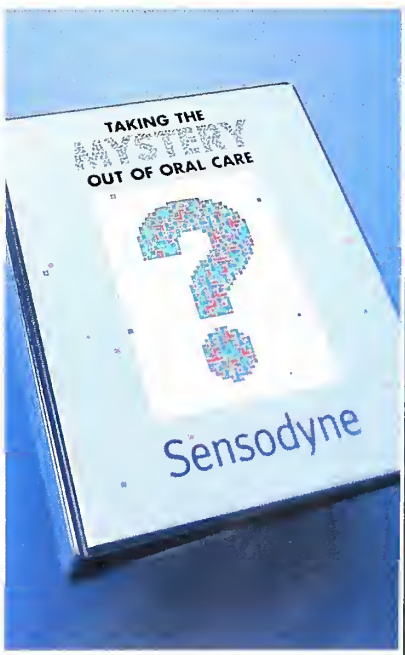
The World Health Organization endorses fluoridation, but it does admit we should be aware of exposure from background sources. "There is fluoride in tea, fish, vegetables and exhaust fumes – some crops are even grown in fluoridated water. But there are no studies going on to monitor the effect of these background sources," says Paul Clein. "My main concern is that fluoridation exposes entire populations to medication for the rest of their lives, and we still don't know enough about its long-term effects on our health."

Apart from the risk of dental fluorisis among young children, the main health issues surrounding fluoride are:

- increased hip fracture risk among the elderly
- links with renal impairment
- links with Alzheimer's disease
- impaired mental development in children.

To this list Dr Mansfield adds many common conditions, including IBS, arthritis and stomach ulcers, which in many cases, he believes, are a result of fluoride poisoning over the years. "Fluoride is a toxin comparable with lead and arsenic, and it interferes with the enzyme action in your body."

Continued on P22→



Stafford-Miller's guide 'Taking the mystery out of oral care' is designed to help pharmacists give advice on oral care

→Continued from P21

believe it should only be available as a prescribed medicine."

Dr Mansfield set up his own fluoride testing laboratory after he discovered that a fluoride test is not available on the NHS. During his trials, urine samples were taken from people living in the West Midlands, where water has been fluoridated for over 30 years. Some were getting as much as 18mg of fluoride a day, way above the recommended level.

Dr Mansfield believes the links with osteoporosis and bone disease are undeniable: "Our research shows that at least 5 per cent of people living in fluoridated areas are likely to have some kind of bone disease, and we expect this to rise to 20 per cent. It's just too much of a coincidence that the incidence of hip fractures has risen steadily since 1970 when fluoridation was introduced."

The future

The BDA and the National Alliance for Equity in Dental Health refute the claims made that fluoride can cause health problems and continue to campaign for the extension of fluoridation levels to at least 25 per cent of the population.

"Drinking fluoridated water is safe for everyone and no studies yet have proven otherwise," says Sheila Jones. And if the government endorses fluoridation in the White Paper out this spring, more of us could be drinking it in years to come.

Rinstead Contact pastilles protect and treat mouth ulcers at the same time (Anderley Hampson, Jane Stevenson PR)

What's new in oral hygiene

To help pharmacists in their role as healthcare advisers, Stafford-Miller has produced an oral care reference guide, called 'Taking the mystery out of oral care', which is designed to help you diagnose and advise on oral care problems. Also designed as a distance learning tool in partnership with the College of Pharmacy Practice, it incorporates tests which provide four hours of postgraduate education.

Stafford-Miller has extended its range of children's products designed to motivate and encourage good brushing habits. The Winnie the Pooh range has been relaunched, with brushes on blister cards with strong branding. A new Winnie the Pooh toothpaste has a tutti frutti flavour to appeal to children. There is a new range of Barbie toothbrushes, with a choice of four designs, plus a Barbie toothpaste, also in tutti frutti flavour. And for boys there's the Action man range of toothbrushes, available in a choice of two designs. To coincide with the Spielberg blockbuster, 'The Mask of Zorro', Stafford-Miller has produced a range of toothbrushes featuring characters from the film.

New to the adult range is Sensodyne Gentle Flossing Ribbon, made from PTFE fibre which won't shred or fray during use – ideal for sensitive teeth and gums.

Stafford-Miller. Tel: 01707 331001.

First Teeth is a new toothpaste designed to care for babies' teeth. Distributed by Medik International, First Teeth has been formulated by dentists and contains a patented formulation of lactoperoxidase, lactoferrin and lysozyme which occur naturally in saliva, breast milk and tears. These help to protect tiny teeth and gums from bacteria, say Medik. The product is free from fluoride, abrasives and detergents.

Medik International. Tel: 0181 801 3933.

Wrigley's Ice White is a new sugar-free dental gum which contains sodium bicarbonate to reduce tooth stains and help maintain a white colour. Ice White is peppermint flavoured and said to reduce stains by 36 per cent.

Orbit for Children is the first sugar-free gum designed to help protect children's teeth from the effects of plaque. A study published in the *Journal of the American Dental Association* found that children who chewed a sugar-free gum after meals had 8 per cent fewer decayed, missing or filled teeth.

To maximise use of limited space in pharmacies, Wrigley has designed a counter stand which holds the four best-selling Orbit variants – Spearmint, Extra Peppermint, Children and Airwaves, all of which are currently being advertised on television.

Chewing gum can also help give relief to dry mouth sufferers. Wrigley has produced a new consumer leaflet, 'How to Care for a Dry Mouth'. For copies tel: 0800 0564563.

Ceuta Healthcare. Tel: 01202 780558.

Schering-Plough is targeting the 58 per cent of sufferers who don't treat mouth ulcers with Rinstead Contact pastilles. The wafer thin gel discs contain lidocaine hydrochloride, which can be placed directly onto the ulcer for fast relief. Once in the mouth, the disc sticks to the ulcer and provides a protective barrier over the damaged tissue.

Schering-Plough. Tel: 01707 363636.

Warner-Lambert has produced a new patient leaflet entitled 'Mouth Motivation', which highlights the importance of a good brushing, flossing and rinsing routine. Listerine will be sponsoring a number of British Society of Periodontology and regional dental meetings throughout the year.

Warner-Lambert. Tel: 01495 750049.

Antiplak is a new toothbrush which combines a brush with a floss dispenser to encourage regular flossing. The handle is contoured for ease of use and its base houses 20m of PTFE floss. There is a choice of six colours.

DHB. Tel: 0800 454806.

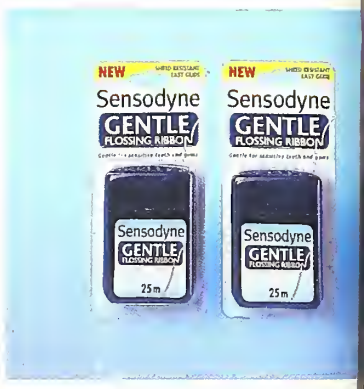
Blackwell has launched UlcerEze, a protective dressing designed to relieve the pain associated with mouth sores and ulcers. UlcerEze (£4.95 for 12) contains aloe vera gel and sticks to the area to provide protection while it treats the ulcer. It is suitable for adults and children over five and can be applied four times a day.

Blackwell Supplies. Tel: 01634 877620.

Rembrandt Mouth Refreshing Rinse is an alcohol-free, colourless and pH

Continued on P24 →

The Sensodyne Action Man range is designed to encourage brushing



Sensodyne Gentle Flossing Ribbon is designed to clean sensitive teeth without shredding

The new Philips/Jordan range of electric toothbrushes has BDHF accreditation

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Business support services for Wales, Scotland and Northern Ireland can also be contacted through the Business Link number.

First Teeth baby toothpaste contains natural ingredients to protect tiny teeth and gums

→Continued from P22

neutral mouthwash with a mint flavour. Studies have shown it to be at least as effective as other mouth rinses which contain alcohol, says Grafton. It retails at £4.95.

Grafton International. Tel: 01543 480100.

Oral-B's new Satintape and Satinfloss is designed to make flossing easier and more comfortable. The oval shaped reinforced monofilament floss and tape is designed for optimum strength and shred resistance, and will glide easily between teeth so it is gentle on gums. Mint flavoured, both the tape and floss will retail at £2.49 for 25m. The brand will be supported by press advertising, sampling and a professional campaign over the next six months.

Oral-B. Tel: 0181 847 7800.

New Arm & Hammer Dental Care Extra Whitening toothpaste contains a higher level of baking soda for deeper cleaning power, plus a new polishing ingredient to give extra shine to teeth. With a new refreshing minty flavour, it retails at £1.89 for 50ml. The toothpaste is being supported with a £1.5 million television campaign this year.

Food Brokers. Tel: 01705 222500.

Colgate has produced an oral care fact file for pharmacists. The A5 guide covers dental decay, gingivitis and periodontal disease, first aid, oral cancer, sensitive teeth, halitosis, discoloured teeth and xerostomia. It will be regularly updated and is available free to pharmacists.

Interest in premium toothbrushes and pastes is high, says Colgate, and it expects plenty of interest in its new Colgate Platinum whitening toothpaste, which is designed to be used as a follow-up to Colgate Platinum Whitening System, available from dentists only. The toothpaste combines whitening powers with tartar control and fluoride protection.

Colgate's Total Professional brush has a triple action bristle design to ensure more effective brushing. The brush will be promoted via a poster campaign.

Colgate-Palmolive. Tel: 01483 302222.

The amalgamation of Philips and Jordan has resulted in a new range of electric toothbrushes, the Philips/Jordan 2-Action Plaque Removers. There are three brushes in the range, all of which feature the soft pressure brushing system previously used on the Philips models. The range has been given British Dental Health Foundation accreditation, and prices range from £39.95 to £59.95.

Philips Home Appliances. Tel: 0181 689 2166 .

The revolutionary Ozone toothbrush has been designed with a hole through the middle to enable easier cleaning of the brush, preventing build-up of germs and bacteria around the base of the bristles, which is a problem with traditionally designed toothbrushes. Already available in Italy, the Ozone brush has been designed by a dental products designer and a dentist and has been evaluated by King's College dental institute. As well as being more hygienic, the brush has been designed to promote the correct 45 degree brushing angle. Available in four colours, the brush retails at £1.95. For distribution details contact Ozonex.

Ozonex. Tel: 0181 886 1111.

Wisdom has launched the Orbital toothbrush, with a circular head design to make the circular brushing technique recommended by dentists easier to carry out.

To counteract the problem of bacteria build-up on toothbrushes, Wisdom has launched the Ultraflex brush with Bioguard, which contains the anti-bacterial agent triclosan. The company has also added a range of dental floss and dental sticks which also contain Bioguard.

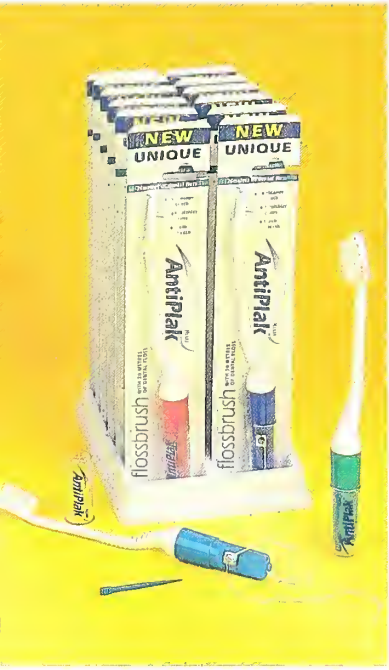
Wisdom Toothbrushes Ltd. Tel: 01440 714800.

Dead Sea Magik Fresh 'n White is a natural alternative to fluoride toothpaste. Available at a special launch price of £3.95 (normally £4.95), Fresh 'n White is a mineral rich clear liquid which contains Dead Sea salts and minerals.

Finders International Ltd. Tel: 01580 211055.

Periproducts has introduced Retardent toothpaste and Retardex mouthrinse designed to eliminate the cause of bad breath – bacteria. Previously only available from dentists, the products contain a patented formula (CloSYS II) which oxidises the sulphur molecules which are the end products of decomposing bacteria (the cause of bad breath) and helps to remove stains from teeth too.

Periproducts Ltd. Tel: 01895 625595.



No more excuses for not flossing your teeth – the Antiplak combines brush and floss in one

Arm & Hammer's new Dental Care Extra Whitening toothpaste is designed to clean teeth whiter and brighter

Colgate Platinum is a follow-up to its whitening system

Listerine claims to reduce plaque accumulation by up to 50 per cent compared to brushing alone

Rembrandt Mouth Refreshing Rinse is free from alcohol and pH neutral

Oral-B's new Satintape and Satinfloss are designed to make flossing easier

Dental care moves up the priority list

Colgate's Total Professional brush has a triple action bristle design for better brushing

The Glide floss range has been extended with the addition of the Glide floss refillable floss holder, designed to make flossing easier. The floss holder enables both left and right handed users to floss hard to reach all areas of the mouth.
Glide Products.
Tel: 01506 404839.

The Ozone toothbrush has a hole in the middle to allow thorough rinsing of the brush

The Retardent toothpaste and Retardex mouthrinse are designed to combat the cause of bad breath

Looking after teeth is moving higher up the consumer's health priority list – the lack of NHS dentists and the rising cost of dental treatment are enough of an incentive to persuade many of us to take more care of our pearly whites. But we've still got a long way to go to catch up with the likes of the US, Holland or Denmark.

A good indicator of the emphasis we place on oral care is how often we're prepared to change our toothbrush. While dentists recommend we buy a new one every two to three months (more if we have problem teeth or gums), the truth is that the average Briton holds onto theirs for an average of seven to nine months.

Dentists recommend we brush our teeth for two to three minutes, twice a day, using a circular action – most of us brush once a day for 30-60 seconds using a sawing action. And as for flossing – only 9 per cent of us say we floss our teeth regularly, though the actual figures are even lower than that.

Surely we're taking more care of our children's teeth? Yes and no. While parents are more aware of the need to look after teeth from an early age, research by SmithKline Beecham found that only 50 per cent of under sixes use a child's toothpaste. The rest either don't brush at all or are using a higher fluoride adult paste.

All in all there's plenty of scope for administering some friendly advice on toothcare to your customers from their local pharmacist.

Toothcare trends

Most experts will agree that we're much more orally aware than we were ten years ago, but that there's still a gap between theory and practice. "People are much more aware of what they

Oral hygiene

Did you know?

- 40 per cent of us have never used a mouthwash
- 64 per cent say fillings are the dental problem we most fear, only 22 per cent say gum disease is
- In the 18th century red hot pokers were placed on an aching gum to kill dental pain
- Opium was often placed in cavities to kill pain
- 73 million toothbrushes are sold in the UK every year
- Only 16 per cent of us use the recommended circular action when brushing our teeth
- 31 per cent of us only spend 30-60 seconds brushing our teeth
- 30 per cent of us may be genetically prone to developing periodontal disease
- Smokers are more at risk of developing gum disease
- Over 5 million teeth are extracted every year

Market statistics

The oral hygiene market	£m	increase
Total market	497	5.4%
Toothbrushes	119	5.6%
Toothpaste	297	3.1%
Mouthwash	65	15.1%
Floss	12.8	2.3%
Accessories	2.1	10.5%

Source: Nielsen TMS 1998

Market share

Distribution statistics

	Market share	Growth
Independent pharmacies:	7.8 per cent	none
Grocers:	67.5 per cent	up 1 per cent
Boots:	13 per cent	none
Drugstores:	9 per cent	0.3 per cent

Source: Nielsen TMS 98

Gum disease

Talk about toothcare and most of us think fillings, but in fact gum disease is now the most prevalent oral care problem, with 95 per cent of us suffering from it at some stage during our lifetime. It now constitutes a greater cause of tooth loss than tooth decay, representing the major cause of tooth loss in 75 per cent of cases, affecting three out of four people. Difficult to spot in its early stages, the warning signs to look out for are bleeding gums, tender swollen gums, bad breath and a bad taste in the mouth.

But this doesn't mean that tooth decay is no longer a problem. In fact, half of all children under five are still affected and 75 per cent of 17-year-olds have decay. Only about 1 per cent of us remain completely unaffected by tooth decay.

Dental news bytes

- A vaccine to prevent tooth decay is being developed at Guy's hospital. Painted onto the teeth, the vaccine works on the protein that attaches the damaging bacteria, *Streptococcus mutans*, to the teeth. It is effective for six months at a time.
- Some 50 per cent of five- and six-year-olds are now thought to suffer some degree of dental erosion, according to a study carried out by Professor Martin Addy at Bristol University, and one in three continue to suffer by the time they reach 16. Erosion is caused by acids from food and drink which attack the tooth enamel, with acidic drinks a particular problem.

Oral defence plan

1. Brush twice a day for two or three minutes, using a fluoride paste and with a circular action. Take care not to brush too hard as this will damage gums. Hold the brush at a 45 degree angle. Choose a soft or medium brush with a small head.
2. Change your brush every two or three months.
3. Use floss every day to clean between teeth.
4. Rinse with a mouth wash for extra protection against plaque.
5. Visit the dentist every six months for a check-up.

Brush up on history

1780 - the first commercial toothbrush was made by William Addis, founder of Wisdom. It had a bone handle and the bristles were bored into the head and secured by wires.

1840 - toothbrushes were now widely manufactured throughout Europe.

Late 1800s - toothbrush manufacture moved to Japan, where cheaper brushes were made.

20th century - the invention of plastic marked a turning point for the toothbrush.

1920s - technology enabled the manufacture of cheaper toothbrushes, making them available to the masses for the first time.

1930 - 10 million toothbrush were sold a year, an average of one per household.

→ *Continued from P25*

should be doing, but often they don't carry this through. Pharmacists are in an ideal position to offer some advice here," says Steve Larder at Wisdom. "Consumers do have better knowledge of oral care, but it's mostly associated with decay, not gum disease. I think parents are taking more care of their children's teeth, perhaps as a result of bad memories of the dentist's chair when they were children."

In Britain only 50 per cent of us visit the dentist regularly, compared with 75 per cent in Holland and Denmark, but we are better than Spain, where the figure is only 25 per cent. For some, dental phobia is still a very real reason for avoiding a visit, but these days dental surgeries are much less daunting places and dentists are more aware of the need to put patients at ease.

The biggest European spenders on toothbrushes are the Germans, at £170m a year, while in Britain we spend £110m a year, an average of £2 per person. We fare better on toothpaste, spending £4.95 per person a year, while in Sweden they spend £5.50. We spend £1.12 per person a year on mouthwash, compared with £1.70 a year in Germany, but just £0.14 a year on dental floss, compared with the Swedes at £0.23 a year.

Premium promise

"Consumers are becoming much more interested in prevention, which shows up in the fast growing electrical, floss and mouthwash markets," says Amanda Southcombe at Oral-B. "People are upgrading to premium brushes and pastes, while budget and mid-range markets are suffering."

At Wisdom, Steve Larder admits that the toothbrush and toothpaste markets are harder to grow - adding value and persuading consumers to change their brush more frequently is the only way to drive them forward. "Mouthwash is still a fairly young market, with lots of potential, as is floss," he says.

At Colgate, pharmacy business manager Rod Hill says consumers are looking for more treatment-orientated mouthwashes, which is an area where pharmacists are well-placed to advise. "Premium toothpastes is also a fast growing area - Colgate Total is now the number one seller."

At SmithKline Beecham, Colette O'Gara says whitening pastes are the fastest growing sector in pastes, while consumers are investing in higher value brushes, though not replacing them any more often.

Take stock of display

"Taking steps to improve category management could increase sales in pharmacies," says Amanda Southcombe at Oral-B. "And stocking specialist products is likely to give them an advantage, too."

At Wisdom, Steve Larder agrees: "Look carefully at your point of sale fixtures. Toothbrushes are often bought on impulse, and customers are more likely to buy if they're well displayed." Product knowledge is also essential: "The pharmacist is still seen as an authority, so know what's available and you'll be able to serve your customers better. And make the most of sales opportunities - if customers come in with infections such as colds or flu this is an excellent time to sell them a new brush. Toothbrushes can harbour germs and viruses and reinfect the user," he says. "And make sure you carry some specialist lines as these are what people expect to find in a pharmacy."

At Colgate, Rod Hill believes treatment products represent the biggest opportunity for pharmacists. "The pharmacy is in the unique position of having a professional on-site, so you need to focus more on this asset."

Colette O'Gara at Smithkline Beecham agrees: "Focus on specialist areas and children's products to cater for your customers' needs," she says. "And give advice on oral care."

HAVE YOU SEEN THIS MYSTERY SHOPPER?

REWARD: Prizes worth up to £100

ver the next couple of months our mystery shopper could be siting your pharmacy. Like many of your customers, he or she ill be asking you about oral hygiene and if you give the right nd of advice, you could bag a prize worth up to £100!

afford-Miller is totally committed to the independent harmacy sector and to the promotion of good oral hygiene. s part of this commitment you should have already received your oral health guide "Taking the mystery out of oral care", (if not contact your Stafford-Miller representative or call Stafford-Miller on 01707 331001).

Furthermore with the commitment of a £4m brand support in 1999, it's no mystery why Sensodyne has a massive 89.9% share[1] of the sensitivity sector and that it continues to disappear from your shelves.

potassium chloride, sodium fluoride, triclosan, strontium chloride

HELP TAKE THE MYSTERY OUT OF ORAL CARE.

escribing Information. Presentations: Sensodyne: strontium chloride hexahydrate % in pink original flavoured and green mint flavoured dentifrice base. Sensodyne F: potassium oride PhEur 3.75%, sodium fluoride PhEur 0.32% and triclosan 0.3% in white t flavoured dentifrice base. Sensodyne Gel: potassium chloride PhEur 3.75%, sodium uride PhEur 0.32% and triclosan 0.3% in translucent blue gel mint dentifrice base. **es:** Sensodyne: Relief from the pain of dentinal sensitivity. Sensodyne F and Sensodyne : Relief from the pain of dentinal sensitivity, an aid for the prevention of dental caries contains an antimicrobial agent with proven anti-gingivitis activity. **Dosage and ministration:** To be used 2-4 times daily in place of regular toothpaste. **Contra-indications, rnings etc:** Sensitivity to any of the ingredients. Sensitive teeth may indicate an underlying problem which needs prompt care by a dentist. See your dentist as soon as possible for advice. **Packaging quantities:** Sensodyne: tubes of 45ml and 75ml. Sensodyne F: tubes of 45ml and 75ml. Pump dispenser of 100ml. Sensodyne Gel: tubes of 45ml and 75ml. **Cost:** (Trade price per dozen) 45ml £16.69, 75ml £28.25, 100ml £36.15. **Legal Category:** GSL. **Product licence nos:** Sensodyne Original PL00036/5011R, Sensodyne Mint PL00036/0055R, Sensodyne F PL00036/0085, Sensodyne Gel PL00036/0086. Further information is available from Stafford-Miller Ltd, Broadwater Road, Welwyn Garden City, Herts AL7 3SP. Tel: 01707-331001 Date of revision: August 1997. Sensodyne is a trademark of Stafford-Miller Ltd. Reference 1: Nielson Pharmacy Audit Nov/Dec 1998.

STAFFORD-MILLER

Shifting sands in health delivery

Healthy living centres are the latest government initiative to improve the wellbeing of the population, and the New Opportunities Fund is now open for bids from prospective providers

Illustration from New Opportunities Fund

Healthy living centres are an important policy development and may significantly influence the way healthcare services are provided in the years ahead.

The Government believes that the future for health improvement lies in a more holistic approach. HLCs represent a shift away from the GP-dominated model of primary care, towards a community-based approach, where factors such as housing, environment and employment are recognised as important.

'Healthy living centre' is a misleading name, suggests Georgina Craig, head of professional development at the National Pharmaceutical Association. A more accurate description would be 'healthy living initiative', she suggests.

An HLC initiative will consist of a number of services or programmes all aimed at addressing the health and wellbeing of people in deprived communities. HLC funding will be primarily targeted at such communities, although bids from other areas will be considered.

The timetable for bidding is long. First stage bids can be submitted up to the end of 2000, and second stage bids will be considered until mid-2002.

The most important feature of a successful bid will be an ability to demonstrate a firm commitment from a variety of partners, such as voluntary organisations, health professionals and health and local authorities, says Georgina Craig.

Jim Connelly, from the Healthy Living Centres Policy Unit at the NHS Executive, recently told an NPA workshop on HLCs that the Government sees them as the flagships of health in the community.

It wants them to be powerful catalysts that reach people who have not been well served by health policy before. This includes people who are 'socially excluded' like ethnic minorities, the homeless, young single parents and older people.

The first wave of HLCs is seen as a test bed for the Government's ideas on health. If the initiative is successful, it could herald huge changes in health policy, with health professionals becoming less important and community action more important. This is why it is important that community pharmacists are involved in and influence these developments from the start.

HLCs are not about huge investment in new buildings. They will work out of existing buildings, which could include community pharmacies. They must be sustainable, and be able to continue once New Opportunities Fund (NOF) funding runs out. The Government is insisting that the NOF looks at the sustainability of all bids as one of its key criteria.

Funding will not be used to pay for services that have previously been funded by health or local authorities. Funding will be for new services that are additional to existing services. Many extended role pharmacy services would fit this definition.

Each regional health authority has a lead on HLC policy. Pharmacists interested in finding out what is going on in their region can contact these people for help and support.

HLCs already exist: there are about 40 up and running, says Mr Connelly. The strategic context for their expansion is set out in 'Our Healthier Nation'. Applicants for funding should make themselves familiar with this document. Health improvement programmes (HImPs) should give a strategic direction to HLCs at local level.

The NOF sees a successful bid for an HLC as a collection of projects which work together to address people's whole health problem. This means pharmacists will need to develop partnerships with other people who are able to provide the remaining bits of the jigsaw.

Many groups already exist at local level, such as health action zone committees, drug action teams, primary care groups and their Scottish and Welsh equivalents.

There is no standard blueprint for an HLC. They could include:

- health and fitness programmes
- health screening
- community health services
- complementary medicine/care
- credit unions
- food co-operatives
- cafés.

What is the NOF?

The New Opportunities Fund is a new lottery distributor created by the National Lottery Act 1998. It is a UK-wide non-departmental public body sponsored by the Department of Culture, Media and Sport.

Under policy directions given to the NOF by the Government, £300 million has been allocated to fund a series of healthy living centres throughout the UK.

By 2002, the NOF plans to have given funding to HLCs which will cover the most deprived 20 per cent of the population (incidentally, these geographical areas are also covered by health action zones). Funding in the different parts of the UK is based on population, but weighted to reflect the level of deprivation.

England gets £232.5m (77.5 per cent), Scotland £34.5m (11.5 per cent), Wales £19.5m (6.5 per cent) and Northern Ireland £13.5m (4.5 per cent).

They could be run by GPs or pharmacists, or be linked to them. They cannot include services previously funded by health or local authorities and will not replace public sector funding.

Community pharmacies are specifically mentioned as the type of existing premises that might be suitable, along with community centres, leisure centres, schools and libraries.

However, the NOF adds that it is unlikely that most projects will be 'single centre'. It is looking for programmes of activities rather than places or buildings. They may be based on existing buildings, provide services through mobile or outreach facilities or give advice through the use of information technology.

Projects will not be funded 100 per cent. Funding partners could include local businesses, grants from other lottery distributors such as the National Sports Council or the National Lottery Charities Board, European funding, and income from charges (but not at a level which excludes people on low incomes). In addition, contributions by volunteers, provision of low cost or rent-free buildings will also count towards the NOF's calculation of funding.

The bidding process

The bidding process will run over the next three years. Projects will receive funding for a maximum of five years. The funding will be allocated evenly over the three-year period. This means there is no rush to bid and that people who apply in year two will have an equal opportunity of obtaining funding as those who apply this year.

The first stage is to produce a simple outline of the proposed programme. The NOF will give applicants feedback on their eligibility for funding and how their bid can be improved. There is no maximum or minimum grant size. Awards over £1 million are unlikely, though.

If applicants get through the first stage, they will have to complete a more detailed second stage bid. If this is approved, an accountable officer within the project will be given the funding to distribute in line with the project plan.

In England, Scotland, Wales and Northern Ireland, a country panel will advise on the strategic content of the HLC portfolio, but the final decision rests with the NOF.

Applicants for funding will have to explain how their project will target disadvantaged communities and groups. In England, the NOF has defined specific areas of particular deprivation that will be given a priority for funding.

The 100 or so local authority districts listed range from Kensington & Chelsea, Sheffield, Southampton and South Tyneside to Barrow in Furness, Derwentside and Swale (a full list appears in annex 2 to the application form).

Some priority will also be given to applications within health action zones in England and Northern Ireland.

Timetable for funding

- January 1999: bidding begins
- December 2000: last chance to submit first stage bids
- Mid-2002: last chance to submit second stage bids.

Useful contacts

To request an application form, or for other NOF enquiries:

- Scotland: 0845 0000 123
- Wales: 0845 0000 122
- N Ireland: 0845 0000 124
- England: 0845 0000 121
- The NOF web site is at: *www.nof.org.uk*
- Health Education Authority 0171 222 5300
- Health Education Board for Scotland 0131 536 5500
- Health Promotion Agency for N Ireland 01232 311611
- Health Promotion Authority for Wales 01222 752222.

Opportunities ...

Projects which the NOF may fund in which pharmacists could be involved:

- Health screening services
- Dietary advice
- Stress management activities
- Complementary therapy
- Smoking cessation projects
- Drug prevention programmes
- GP referral schemes

Call for script charge exemptions to be re-assessed

Prescription charge exemptions should be re-assessed, recommends a study published this week.

Carried out by researchers from the University of Manchester on behalf of the Community Pharmacy Research Consortium, the study also makes the following recommendations:

- out-of-hours pharmaceutical services should be better publicised
- there should be additional investment in the development of helplines and computerised information sources in pharmacies
- existing pharmacy records and referral mechanisms should be used to ensure that treatments are not repeated

Encouraging patients to go to pharmacies for advice on common ailments will allow GPs to use their time more effectively, the researchers believe.

The study, managed by the Royal Pharmaceutical Society, highlights positive aspects which patients associate with community pharmacy. These include: easy access, pharmacists' friendliness and approachability and their expert advice on medicines.

Tories oppose new advertising rules

Six Tory MPs led by William Hague have tabled an early day motion 'praying' that proposed new regulations tightening the controls on medicines advertising be annulled.

The regulations (SI267), due to come into effect on April 5, give health ministers the power to vet published and proposed advertisements and ban them if necessary (*C&D* February 20, p16). Advertisers failing to comply could face a fine of up to £5,000 or two years in prison.

There are strong feelings in the pharmaceutical industry about the lack of an appeals procedure in the new regulations, said Sheila Kelly, executive director, Proprietary Association of Great Britain.

During the consultation process, which started in August 1997, the industry was told there would be such a procedure and that there would be a chance to see the regulations before they were laid. Now the only way to stop the regulations was for MPs to 'pray' against them.

PAGB has no objections to ministers vetting advertisements which, in effect, is what happens now – the Medicines Control Agency can ask companies to change dubious copy. "We could live with the proposed regulations so long as manufacturers had the chance to appeal against decisions," said Ms Kelly.

The Association of the British Pharmaceutical Industry said the proposals should not undermine the present voluntary self-regulation scheme which has existed successfully for many years. While current regulations may need revising to clarify text or prevent misinterpretation, the present proposals go further than necessary, it said.

"It is most unusual for companies to fail to conform to the requirements of the ABPI's stringent code of practice. The new powers would thus clearly need to be invoked only in exceptional circumstances, and the conditions under which they would be applicable to pre-vetting and prohibition of publication of advertisements should be clearly laid out." The ABPI also agrees there should be an appropriate appeal mechanism.

The Advertising Association has condemned the new powers as "Draconian, unjustified, unconstitutional and of dubious legality. They are an unwarranted extension of the MCA's powers, especially when it has not used the considerable powers it already has in over 15 years. The MCA must be called to justify these proposals and explain how they will be amended to ensure that the rights of natural justice are not undermined. If they can't, then the regulations must not be passed."

'Praying' is a device to bring proposed legislation to a debate in the House or through a select or standing committee, rather than allowing it to go through unopposed. The main signatories are William Hague, James Arbuthnot, Alan Duncan, Philip Hammond, Peter Lilley and Ann Widdecombe.

Assistants confident about giving advice

Almost three-quarters of pharmacy assistants are confident to give advice about children's diarrhoea, according to a UniChem survey.

The mystery shopper survey, which covered 557 shops nationwide, found that the pharmacist was consulted in two-thirds of cases. The most common advice was to give a proprietary medicine, followed closely by the importance of rehydration. A quarter of the shoppers were advised to visit a GP and 30 per cent were given advice on the nature of diarrhoea.

Dioralyte was recommended in 73 per cent of cases and the second most popular product was Dioralyte Relief at 22 per cent.

Society details dispensary procedure guidelines

The Royal Pharmaceutical Society has given more details of what it expects to be included in the guidelines that pharmacists are now required to produce to cover dispensary procedures (*C&D* February 13, p6).

The Society decided last month that there should be a professional standard included in the Code of Ethics requiring pharmacists to ensure that written guidelines covering dispensing activities are in place in all pharmacies for which they are responsible.

Such guidelines or standard operating procedures (SOPs) will help to ensure safe systems of operation, says the Society. They will be a requirement for all pharmacies, including those that do not employ dispensary support staff, because of the value of written procedures to locum pharmacists.

The SOPs should specify which activities can be undertaken by support staff, and provide a framework enabling pharmacists to delegate tasks to staff up to the level which their training permits.

They must comply with legal and ethical requirements, and should address the pharmacist's underlying responsibilities in relation to dispensing. "They should, therefore, specify the point at which the pharmacist normally undertakes the pharmaceutical assessment," says the Society.

A timetable for taking forward the proposals is to be considered by the Council's Practice Committee later this month. The Society says it may be possible to implement the change of policy before January 1, 2005, when the training of pharmacy technicians becomes mandatory.

Further guidance on developing guidelines will be provided in due course.

Dispensary staff

From January 1, 2005, all staff involved in dispensing activities, ie anyone involved in the assembly of a prescription including the generation of labels, will need to be trained to a minimum standard or should be undertaking a course of training.

Pharmacists will be obliged to ensure that all dispensing staff are kept up to date, bringing them into line with medicines counter assistants. The obligation will apply to both community and hospital sectors.

The new minimum standard for dispensary staff will be the Level 2 NVQ and Scottish Vocational Qualification, which is to be developed for dispensing assistants and assistant technical offers.

The new qualification will be developed by the Pharmacy Sector Committee of the Science, Technology and Mathematics National Training Organisation, on which all the major pharmacy employment organisations are represented.

The most recently developed qualification for pharmacy technicians is the S/NVQ Level 3 in Pharmacy Services. To achieve this qualification, trainees must demonstrate competence in seven core units common to both the community and hospital sectors, and two out of six optional units, one of which is the chemist counter unit which forms the basis of the training requirement for counter assistants. Achievement of the qualification takes approximately two years.

The Council supports the S/NVQ Level 3 as the desirable qualification for pharmacy technicians, but for various reasons recognises that it is not practical to insist on this standard for all dispensary support staff.

Under the new arrangements, a range of existing qualifications for dispensary support staff will be recognised, provided that they are of a standard above the S/NVQ Level 2. More guidance on the recognisable qualifications will be issued in due course.

The Council's decisions have been made on the recommendation of its skill mix working group, set up as part of the 'Building the Future' stage of 'Pharmacy in a New Age' to look at how to make the best use of pharmacists and their support staff.

More effective use of support staff will free up time currently devoted to jobs that could be done by others, says the Society. While it is recognised that the changes will not free up large blocks of time, they should help facilitate the introduction of the new roles envisaged in 'Pharmacy in a New Age'.

Matters arising ...

- The Council is taking advice on whether experienced, yet unqualified, staff should be exempt from the training requirement.
- Council has decided that the feasibility of the Society maintaining a register of qualified technicians should be explored further.
- Further consideration is being given to the cost implications implicit in the requirement to train staff. Work to identify potential sources of funding is already underway.
- Few research projects have attempted to quantify the amount of pharmacists' time which might be freed up by making better use of support staff. The possibility of commissioning further research is being explored.

Company profile

Norton takes great pride in its new, state-of-the-art headquarters complex in the Royal Docks. Guy L'Aimable went to find out why

Designer Docklands

Norton's new modular European HQ is three storeys high, and has the potential to add another floor for expansion

Nigel Fox, Norton Healthcare's communication director, is - understandably - a proud man. "This site dissolves the myth of generics being the poor relation in the pharmaceutical industry," he says. He has a point. Norton's new European HQ and distribution centre in Albert Basin, Royal Docks, does not fit in with the generics mythology of cheap and cheerful warehouses, flanked by Portakabin offices.

The 160,000 sq ft site, flanked by water, comprises a three-storey office block, distribution centre and laboratory/research & development centre, and houses 300 employees, many of whom used to work at Norton's former headquarters in Harlow, Essex. They formally moved in on January 3.

Mr Fox says Norton's proximity to City Airport - its runway can be seen from the first floor window - is ideal for international visitors. The office compound is an aluminium-coloured structure with large, emerald green windows. As the structure is 'modular', Norton says it enables unlimited expansion: builders just have to add another floor. Inside, the layout is open plan - excluding directors' offices - to encourage more communication.

Norton says the emphasis is on integration, both in terms of sites and in the way its staff interact. Its Harlow operation had 13 sites that made it hard for staff to think of the company as a corporate whole. Each site seemed to work almost independently, according to Mr Fox, and this lack of cohesiveness did not make communication easy. "In Harlow, perhaps ten people could be called to a meeting, even if it may have concerned only two of them

FLOOR PLAN

Ground floor: facility management, training rooms, café and restaurant, labs, teleconference rooms, warehouse and distribution

First floor: customer services, telesales, credit management, production planning, regulatory, sales and marketing

Second floor: design department, human resources, group communications, information services, company secretariat and accounts

The warehouse receives goods as and when they are neede

Norton's staff are encouraged to hold meetings in its café

sometimes. A lot of meetings here [in Royal Docks] are 'on the run' because people meet each other in corridors and communicate," he says.

The company is continuing a major review of its operations, which includes an examination of its departments' 'silo' mentality. "All of us have to understand how our work fits in with the life cycle of a drug," says Mr Fox.

On the ground floor, he adds, a café bar linked to a restaurant is designed to foster this open culture. The café area has data points for staff who want to plug in their PCs and do some work. Although the building has ten meeting rooms, these are reserved for quieter, confidential discussions and training. Staff who want informal meetings are encouraged to meet in the cafe.

Employees have swipe cards, which give them access to various parts of the site, and can be used to pay for food and drinks in the restaurant - the bills are debited directly to their monthly salaries.

Norton's open approach is getting results. E-mails between staff, for example, have halved.

On April 1, the company will launch an intranet called NEON (Norton Electronics Office Network), which it has been developing for two years. NEON comprises a series of databases, whose contents include Norton's in-house magazine, a classified section for staff who want to buy or sell items, and key company information.

Norton, meanwhile, has set up 16 'global project teams' to examine various issues, ranging from Y2K compliancy to giving added value to customers. The objectives are to create at least ten improvements, no matter how small, to the way the company works.

"We're consulting pharmacists through focus groups about our plans. One move is to guarantee pharmacists that we'll contact them as often and as regularly as they want - they set the time and date - instead of calling them out of the blue," says Mr Fox.

Norton also aims to improve how often it meets customers' orders. Mr Fox says it's impossible to meet 100 per cent of orders every time. "But we're heading towards a level of 94-96 per cent - our customer service level today is much better than it was 18 months ago," he says.

The company is tweaking its SAP demand management system to see what else it can deliver. Mr Fox says the system, introduced to the company in November 1997, is capable of handling a company 20 times Norton's size.

Norton's telesales team, meanwhile, has been given more responsibility to meet pharmacists' requirements. "Ninety-nine out of 100 telesales calls are not just about taking orders - our team is encouraged to talk to pharmacists about what they're doing, and to find out their needs," he says.

Its 20,000 sq ft laboratory and R&D facility, which was being fitted out during *C&D*'s visit, flanks the café.

On the other side of the main office block is the distribution warehouse, which holds some of Norton's 1,500 lines. Mr Fox says the warehouse receives goods as and when they are needed - most stock is normally stored at its Waterford site.

Since the site is minutes away from the M25 and M11, he adds, it's ideally placed for distribution around the country.

Working overseas

At a seminar held at the Royal Pharmaceutical Society last week, pharmacists spoke about the problems of providing pharmacy services in developing countries

The challenge of working in developing countries

Carolyn Green has worked as chief pharmacist and part-time anaesthetist at the Katete Mission Hospital in Zambia. Some of the facilities taken for granted in the UK are often in short supply or completely lacking in developing countries, she says. Legal frameworks, information resources and education facilities are all scarce.

She was one of four pharmacists speaking at a seminar last week about the challenges they faced in providing basic drugs and services when working overseas.

Two billion people in the world have no access to drugs, explained Ms Green. Drugs can account for 40 per cent of poor countries' health budgets, compared to 10 per cent in the UK, so it is important to ensure they are prescribed rationally and used efficiently.

This has led to the development of the World Health Authority's Essential Drugs List, a formulary of cost-effective drugs recommended for use in eight out of ten prescriptions.

Although drug donations from developed countries are helpful, this is not always the case. For example, of the 30,000 tonnes of medicines donated to Bosnia between 1992 and 1996, half were unuseable or inappropriate. Donated medicines are often out of date or of inferior quality and safe disposal can be a problem.

A Boots community pharmacist before joining Voluntary Services Overseas, Martin Auton trained pharmacy staff in Zambia. He emphasised the skills shortage in the country. There are only 100 pharmacists and 300 pharmacy technicians in Zambia, but most are attracted to the private sector by higher wages.

Mr Auton became head of the Evelyn Hone College School of Pharmacy, which provides a three-year diploma course for technicians. There are 600 applications for 20 course places each year.

In ten years VSO has produced 200 graduates. Mr Auton has trained 60 of them and more than 100 pharmacy assistants, as well as providing a one week drug management course for 40 health workers. He also assisted in the establishment of a national rational drug use group.

Problems in the newly independent states (NIS) of the former Soviet Union, with which Mr Auton is also involved, are of a different nature. There are plenty of pharmacy staff, but as there is a shortage of money to buy drugs, their role is limited.

Annual drug expenditure in the NIS is $12 per person, compared to $100 in the UK. On the break-up of the former Soviet Union, there was no legal framework in the NIS, and this led to a thriving blackmarket.

Objectives for Mr Auton include updating of the skills and knowledge of pharmacy staff, and improving the image of pharmacy. He is aiming to improve drug procurement and increase collaboration between pharmacists and doctors.

Mr Auton said of his VSO work: "The biggest rewards are to assist in the development of individuals, not necessarily the country as a whole." Mr Auton now works as a consultant to the World Health Organisation European Office in Copenhagen and with Management Sciences for Health in Zambia.

A rural district hospital in Tanzania was the location for Georgina Stock's VSO experience. Her responsibilities included training pharmacy staff, and helping to improve drug availability and appropriate use.

Unuseable drug donations were a problem at this hospital – only 10 per cent of donated drugs could be used. Hormone replacement therapy tablets are not helpful when women's average life expectancy is only 45!

Effective technical information is difficult to obtain in developing countries as reference books are scarce and manufacturers' information can be biased. In order to improve drug management, Ms Stock developed a formulary of 50 drugs to meet 90 per cent of prescriptions.

Ms Stock produces a newsletter for health workers in developing countries called *Practical Pharmacy*. The print run has risen to 3,500 copies and it is distributed free by VSO. She also trains health workers in drug supply and management.

The mother and baby clinic at a Tanzanian hospital

Georgina Stock at work in a Tanzanian hospital

Another pharmacist who worked in Tanzania, Fiona Macrae, trained pharmacy staff in the accessing and use of information from reference books, as well as teaching pharmacology to student nurses.

The VSO experience is relevant to working in the modern NHS, explained Ms Macrae. In both situations, the role of the pharmacist needs to be marketed, and the cost-effective use of medicines and their efficient supply must be ensured at all times.

There are also points which can be learned in the UK from Tanzanian practice. The shortage of trained staff means the skill mix in Tanzania makes effective use of support staff. Patient counselling is important because of a lack of printed information. Cost constraints in Tanzania mean that rational prescribing is vital.

● *The seminar was chaired by Professor Sandy Florence, dean of the London School of Pharmacy, and took place at the Royal Pharmaceutical Society in London. It was organised by the Essential Drugs Project. There may be similar events in the future at other locations around the country.*

Boots to spend £40m on Euro conversion

The Boots Company is expecting to spend about £40 million initially to convert its operations into accepting Euros.

About £35 million of that will be taken up by costs in the UK, most of which will go towards training staff. Boots will start training staff as soon as the UK decides to accept Euros, and aims to complete most of the training before Euro currency is introduced.

The company has welcomed the Government's Euro currency timetable, announced two weeks ago, because it gives "further clarity" to the issue.

According to the timetable, the UK could embrace the Euro currency in January 2002 - assuming the public votes to do so in a referendum. Euro notes and coins could then be available in the UK in September 2003.

Dr Roger Williams, Boots' Euro programme manager, said Boots aimed to learn from the experiences of its outlets in The Netherlands and Ireland.

"We're planning the changes we're going to make in these countries - we're not getting pressure from our business partners to start trading in Euros immediately," he said.

While the Government has said the UK could trade in both Euros and sterling for six months, Dr Williams said Boots would prefer a shorter 'dual currency' period of weeks, rather than months.

He said the timetable was shorter than Boots would like. "We've got significant system changes to make, so the longer we have to handle them, the easier it would be," he said.

● The NPA has said that pharmacists with new tills need not worry about switching to Euros because the tills can be programmed to accept new currencies. Those with old tills, however, will have to replace them with new models. Given the timetable for entry, pharmacists have plenty of time.

Some pharmacists, who buy products from abroad, are already being invoiced in Euros, although they pay in pounds sterling.

The NPA is examining how much the conversion could cost pharmacists.

● Burglars who try to break into Boots the Chemists' Regent Park store in Salford will be drenched with a spray of water that glows bright yellow under ultraviolet light.

BTC is monitoring the new system - Smartwater Index Solutions - which has already been adopted by various multiples, including Marks & Spencer, Asda and Tesco.

The system, made by Smartwater Europe, comprises a strategically placed nozzle that sprays 'Smartwater': a colourless and odourless formulation invisible to the naked eye and almost impossible to remove from skin and clothing for up to six weeks.

Each Smartwater liquid has a unique chemical compound that identifies the store using it, the criminals who broke in, and helps police to find out who owns the stolen goods they have recovered. It can also help identify anyone handling the store's stolen goods.

The system costs from £750 to install and is renewed every five years for the same fee.

BTC said: "We believe the Smartwater Index Solution is an excellent crime deterrent and should ultimately benefit our customers."

Smartwater is one of several anti-crime initiatives at BTC. The chain is rolling out the Ultramax electronic article surveillance system in 500 stores, and six stores are involved in a civil recovery pilot in the West Midlands.

Phil Cleary, joint managing director of Smartwater Europe, said the system had led to 40 convictions in the UK.

Civil litigation to be quicker

New rules are being introduced from April 26 which aim speed up the process of civil litigation.

A consequence is that members of the Chemists' Defence Association and similar insurance schemes must send any letter of claim immediately to their insurer.

Under the new rules, a claimant has to send two copies of a letter of claim to the proposed defendant. One copy is for the defendant, the other for their insurer.

Insurers such as the CDA must acknowledge that it has received this letter within 21 days of the defendant receiving it. If it does not, the claimant or his solicitor will be entitled to issue proceedings, without sanction, and the CDA will be prejudiced by the delay and penalised on costs.

In such cases, the CDA will recover the costs from defaulting members. Pharmacists who want more details should contact the NPA on: 01727 832161, ext 214.

Core imaging and biotech businesses lift Nycomed Amersham profits

Strong performances from Nycomed Amersham's (NA's) core imaging and biotech businesses lifted its pre-tax profits 12 per cent to £222.8 million for the year to December 31.

Its sales rose 1 per cent to £1.3874 billion, although its pharmaceutical sales fell 6 per cent to £37.7 million due to Russia's economic crisis.

NA, recently formed by the merger of Sweden's Pharmacia Biotech and Norway-based Nycomed, plans to divest its pharmaceutical subsidiary.

That would enable the company to concentrate on its core interests. Its imaging business, which provides *in vivo* diagnostic imaging agents and radiotherapies, saw its operating profits rise 13.7 per cent to £158.9 million.

Amersham Pharmacia Biotech, NA's life sciences business, increased its operating profit 40.5 per cent to £73.4m. Sales grew 10.8 per cent to £449.6m.

NA said its merger was making good progress - last year it saved £32 million in costs and it remains on track to reach annual savings of £70m by the end of 2000.

The announcement of the results lifted its shares 25p to 460p.

'Roadworks have cut my sales by 30pc'

A Tipton-based pharmacist claims ill-planned roadworks outside one of his outlets has cut sales by 30 per cent.

Jason Duggal, who owns J&K Duggal Chemist, a small chain of two outlets, said the roadworks are driving away customers. Severn Trent Water Authority (STWA) has been repairing drains outside his pharmacy, in Lower Church Lane, since January 3. And the work is expected to carry on until the end of May.

While the Authority warned Mr Duggal it was going to carry out the work, he said it has not taken into account his needs.

He is particularly concerned that customers are going to his immediate competitors, Asda and Tesco supermarkets, as well as to Boots.

"You can claim for loss of profit, but the amount of paperwork involved is immense," said Mr Duggal. "My accountant is sorting that out."

After he had no luck with Sandwell Council, Mr Duggal appealed to his local MP, Betty Boothroyd, who is also speaker of the House of Commons.

Ms Boothroyd contacted Brian Duckworth, STWA's managing director, who wrote back saying: "We will consider making interim payments to businesses during the course of the work and I suggest that this would help your constituent with any cashflow problems he may suffer during this period."

A call for VAT-free sanitary products

An early day motion has been laid calling for sanitary products to be zero-rated for VAT.

Signed by 183 MPs so far, Calder Valley MP Chris McCafferty's EDM says that sanitary products should be classified as essential to the family budget and so should be classed as VAT-free under the EC Sixth Directive.

Britain has one of the highest rates of VAT on sanitary products, and some 15 million British women are spending over £300m a year on products necessary for personal hygiene, says the EDM. By removing VAT from such products, the cost to the Treasury would only be one penny a year for every woman in the country using them.

The MPs would like the Government to reduce VAT on sanitary products to the EU minimum of 5 per cent, and then to support a change in European law so that products can be zero-rated.

Budget benefits small firms

The Rt Hon Gordon Brown, chancellor of the exchequer, has cut small firms' company tax by 1 percentage point to 20 per cent. The cut will take place in April and is expected to benefit 350,000 companies.

Corporation tax on larger companies will also be cut by 1 percentage point to 30 per cent.

With the budget's core themes of 'enterprise and fairness', the chancellor is encouraging those setting up small businesses.

Mr Brown has introduced a new starting tax rate for smaller firms of 10 per cent – those with sales below £50,000 will benefit – and claimed the rate was the lowest in the history of this type of tax. The cut will come into effect in April 2000. The new rate, he added, would benefit 85 per cent of firms with fewer than ten employees.

Small firms could also benefit from a move to make the first £7,100 on the sale of 'secondary assets, such as shares or second homes, free from capital gains tax – starting on April 1.

Small businesses have been asking for a reduction in red tape and a reform of business rates. While the chancellor ignored these areas, he raised the threshold of inheritance tax from £223,000 to £231,000. The inheritance tax rate, however, remains unchanged.

The Government, he added, will set up a small business service to deal with their needs. This operation will offer loan guarantees and it will advise on various areas, such as electronic services.

Employers' lower-rate national insurance contribution, meanwhile, will be cut from 12.2 per cent to 11.7 per cent in April 2000. This will help employers whose workers earn less than £30,000 a year.

Long term, said the chancellor, employers will benefit from his move to align national insurance contributions and income tax. And with the merger of the Contribution Agency and the Inland Revenue from April 1, the Government aims to reduce employers' administrative workload.

In a bid to encourage manufacturers to invest in new technology, the Chancellor has set aside £325 million to enable small and medium-sized firms to write off 40 per cent of all they invest in the coming year.

Another £150 million will fund a research and development tax credit, again aimed at small firms, which will help underwrite one-third of their R&D costs.

The Chancellor will give £500 million to the NHS.

UniChem offers Budget booklet

UniChem Financial Services is sending pharmacists a booklet that explains how the Budget will affect them.

The company will print 7,000 copies which have been compiled with the help of tax specialists, the UK2000 group. Their contents include income tax, national insurance, corporate and business tax, capital gains tax, inheritance tax, value added tax and excise.

UniChem customers are expected to receive their booklets within four working days of Budget. Other pharmacists can obtain copies by calling a helpline: 0181 391 7110.

Those who want advice from UK2000 can call its helpline number: 0800 919243.

This is the third year that UniChem has offered a budget booklet. The wholesaler says the response of pharmacists in the past had been extremely encouraging.

Trident Pharmaceuticals, the generics and parallel import division of Stoke-on-Trent based Enterprise, has launched a telesales centre in Talke. This has 15 telephone operators led by Kirsten Ramsden, telesales manager. Gary Winkle, Trident's ethical buying director, said the company had also doubled its sales force to ten. Mr Winkle, pictured here (centre) with Trident's sales representatives, added that the company was entering a key growth period

COMING EVENTS

MONDAY, MARCH 13

West Hertfordshire Branch, RPSGB, at the BUPA Hospital, Harpenden, 7.30 for 8pm. 'Aspects of Dermatology'.

Bromley Branch, RPSGB, at the Frognal Centre, Postgraduate Education Centre, Queen Mary's Hospital, Sidcup, 7 for 8pm. 'Management of Asthma in the community'.

Eastbourne Branch, RPSGB, in the Sara Hampson Room, of Eastbourne General Hospital, 8pm. 'Clinical Competence in Undergraduates and Pre-Registration Pharmacists'.

NICPPET at the Everglades Hotel, Londonderry, 7.30pm – 'Men's Health'.

TUESDAY, MARCH 13

Bradford Branch, RPSGB, in Room D4, Richmond Building, Bradford University, 7 for 7.30pm. 'A journey through your oesophagus'.

East Metropolitan Branch, RPSGB, at the Wanstead Library, Spratt Hall Road, Wanstead, London E11, 7.30 for 8pm. 'The Helicopter Emergency Medical Services' – Speaker: Dr Gareth Davies.

WEDNESDAY, MARCH 18

NICPPET at The Silver Birches Hotel, Omagh, 7.30 for 8pm – 'Men's Health'.

Bristol Branch, RPSGB, at The Pavilion Conference Room, BAWA Leisure Centre, Southmead Road, Filton, 7.30 for 8pm. 'Primary Care Groups'.

Edinburgh & Lothians Branch, and Fife Branch, RPSGB, joint meeting at the Stakis Hotel, Edinburgh Airport, 7.45pm. 'Primary Care in the New NHS'.

Weald of Kent Branch, RPSGB, at the postgrad centre, Kent & Sussex Hospital, Tunbridge Wells, 7.45 for 8pm. Ian Shephard 'Information Technology from The Society perspective'.

IN BRIEF

Albapharm appoints AAH

AlbaPharm, the Aberdeen-based buying group, has appointed AAH Pharmaceuticals as its main wholesaler and will shortly announce other principal suppliers. The group now comprises 80 pharmacies, who have became its founder shareholders, and is recruiting more throughout Scotland. Scottish-based pharmacists who are interested should contact: Brian Massey, managing director, AlbaPharm, 15 Wellside Circle, Kingswells, Aberdeen AB15 8DY.

Marketing head leaves Nelson

Anna Maxwell, a pharmacist and marketing and sales director of A Nelson, the homoeopathic medicine manufacturer, has left to pursue other interests.

AAH gives Y2K guarantee

AAH Hospital Service has reassured customers of Mediate, its software and hardware ordering/communication system for hospitals, that the system is Year 2000 compliant. Further upgrades on Mediate software are also guaranteed to be compliant and will be supplied free in Spring.

EU proposes lower VAT

Care services, and building and vehicle repairs in the European Union could receive lower VAT rates in future according to a draft directive proposed by the European Commission.

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- those with unusual sidelines, eg pharmacy with a pet shop
- pharmacies set to relocate
- independents who have recently successfully relocated
- pharmacies with theft/criminal problems
- those within GP surgeries/healthcentres
- pharmacies that have solved trading problems in novel ways.

Pharmacy consultant John Kerry will visit your business and look at how it may be improved. His thoughts will be published in *C&D*, but your anonymity is assured. If you want your business to be considered for the series, write in confidence to Guy L'Aimable, Business In Focus, *C&D*, Miller Freeman House, Sovereign Way, Tonbridge, Kent, TN9 1RW, or phone 01732 377231.

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VETERINARY SERVICES

France has a regulated pharmacy system where chains and advertising are banned, but Europe may change all that, as Felix Corley found out in Paris

Friendly French pharmacy

Overlooking the River Seine is the 16th arrondissement of Paris, the French capital's most select district. It is here that Anne-Marie Boutin and a colleague, Mme Raynaud, run Pharmacie Franklin, a small but well-stocked pharmacy catering to local people.

Mme Boutin has been co-owner of the Pharmacie Franklin for the past ten years, though her partner was already an owner when she bought into the business.

Founded in 1830, the pharmacy has had many owners, but the property shows little sign of its historic past. The shop is modern and functional, though historic medicine phials in the shop are a reminder of past times.

Mme Boutin likes to create a homely environment: there is a poster behind the till offering a reward for a lost dog. A customer comes in, bringing old medicines for recycling under a scheme called Cyclamed. "If medicines are still OK they are given to the poor," Mme Boutin says, "while those that are no good are incinerated, making disposal safe and avoiding threats to the environment. The scheme is operated by doctors and pharmacists. "This is also a way of building up a relationship with clients.

"The pharmacy is independent – it has to be," explains Mme Boutin. As the law currently stands, a pharmacy owner must be a qualified pharmacist and limited companies are not allowed to own pharmacies.

"Chains of pharmacies are forbidden here in France. At the moment we can't have chains like Boots. But we are on the path to uniformity in Europe. It's certain that this will be harmonised. There are some people here who want to be allowed to set up chains. Maybe this will be the surprise of Europe?"

Training takes place at university in faculties of pharmacy. Students enter university after completing their baccalaureate (the equivalent of 'A' levels) and courses last six years. There is only one level of pharmacist, but during the final year of the course the student chooses to specialise in one of three areas: as a dispensing pharmacist in a shop or hospital, as an industrial pharmacist or as a biologist.

For those intending to work as dispensing pharmacists, there are two periods of practical work during the course. In the second year students work for two months in a pharmacy, under the supervision of a qualified pharmacist. In the final year they must work six months in a pharmacy. "They are paid very little," Mme Boutin says ruefully, "only FFr1,200 [£130] per month. We employ students as extra staff on Saturdays and during holidays".

Pharmacie Franklin's owner has created a homely environment

Setting up a new pharmacy is all but impossible in France, as there are tight rules limiting the number. "You can't just open a pharmacy," Mme Boutin explains. "A few new ones are created, but you really have to buy an existing one." In the past you had to be at least 25 years old, but this rule has now been abolished, though with a six-year university course to complete first, few people under the age of 25 are likely to be in a position to buy a business, even if they had the money.

"Pharmacies can be set up in new districts, but there must be at least 2,500-5,000 inhabitants. You need permission from the Order of Pharmacists and the Police Prefecture. As a monopoly, every pharmacy needs a licence from the local prefecture. When you buy a pharmacy you buy the right to a licence – the licence stays with the business." This tight restriction on new pharmacies has not stopped oversupply. "There is already too much competition in cities, especially in Paris."

Mme Boutin is lucky – she never has to provide night cover because there are two all-night pharmacies in Paris. However, in a system supervised by the Police Prefecture, each district must have five pharmacies open for emergencies on Sundays. The Pharmacie Franklin has to take its turn only four or five times a year.

Direct competition between pharmacies is frowned upon by the Order of Pharmacists. Pharmacies are not allowed to advertise. Most medicines may not be advertised either, except in specialist medical and pharmaceutical publications.

Prices are fixed for medicines on the list drawn up by the Social Security and all carry a sticker to identify them. Not all on the list are medicines requiring a prescription. All other medicines can be sold at prices set by the pharmacy.

Almost everyone in France must be in the Social Security scheme and must be a member of a mutual insurance fund. When you are ill you must pay FFr150 to visit the doctor, a price that includes any medicine prescribed. The doctor takes the fee and issues the prescription, which the patient can take to any pharmacy. The pharmacist collects the money later from the social security or the mutual fund.

Many pharmacies in France have what they call a "parapharmacie", where medical products are sold, though not medicines. The Pharmacie Franklin does stock some such products, although it does not have a special section. "You are not allowed to sell anything else," Mme Boutin explains, "such as aphrodisiacs. You are not allowed to do anything against morals or ethics."

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E&OE

Date of preparation: February 1999

GELTEARS ABBREVIATED PRODUCT INFORMATION

Presentation: Clear, colourless gel containing 0.2% w/w Carbomer 940 with benzalkonium chloride 0.01% w/w as preservative.

Uses: Substitution of tear fluid in the management of dry eye conditions and in unstable tear film.

Dosage and Administration: Adults (including the elderly) and children: One drop instilled into the conjunctival fold of each affected eye 3-4 times daily or as required, depending on the degree of discomfort.

Contra-indications: Patients with known hypersensitivity to any component of preparation.

Special Warnings and Precautions for Use: Contact lenses should be removed during treatment with GelTears.

Side Effects: Corneal irritation may occur with prolonged use. Transient blurring of vision on instillation.

Drug Interactions: No significant interactions have been reported.

Pregnancy & Lactation: Safety for use in pregnancy and lactation has not been established.

Product Licence No.: PL0033/0149.

Marketing Authorisation Holder: Chauvin Pharmaceuticals Ltd, Ashton Road, Harold Hill, Romford, Essex RM3 8SL.

Package Quantities and Price: Trade price £1.64 (excl. VAT). RSP: £2.89 (inc. VAT) for 5g tube.

Legal Category: P

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